1		1	
1	M		} .
1	8.9	5	1
-	-	-	-
	1	1	5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-9 CERTIFICATE OF DEATH

	Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infapts give residence of mother)
County	med Prince Les.
City or town	State County
7/7.	City or town. Brentwood mil
How long in above place of death?	(If outside city or town fimits, write RURAL and give nearest town)
Hospital, Institution, or streef address where death occurred?	Streef No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sallie A. ada	ans
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Colored W. Somed	
VV account	20. DATE DF DEATH
n- Adams	21. I CERTIFY that death occurred on the date above stated; that hattended deceased from
8.(6) Name of husband or wife	Jan 20 1845, 10 May 1 184T
yeare	
7. Birth date of word 1869	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days it less than one day	
76hrsmin.	Carcin ma uterus ?
Ying in:	
9. Birthplace	Due to.
House	
1D. Usual occupation	Due to
1t. Industry or busineee	
12. Name / Just Later D	Diher conditions
13. Birthplace	(Inclede pregnancy within 3 months of death)
14. Maiden name Jama Branchasse 15. Birthpiace	(Inclede pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
E 15. Birthpiace 0 47	Date of op.
Mes Daises H. Kew Ton	
16. Informant	Aotopsy results
Address 70 33 - 41 of Atoz loventivood het	
Durid 5.4.45	22. VIOLENCE: if death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory	Where did Injury occur? (City or town) (Coenty) (State)
Location dentant links	Injured at home, farm, industry, public place (where?)
Role Yg, cg,	Means of injury injured at work?
18. Funeral director.	
Address 1820 - 9 of run wark AC	· AMAMA Som
	23. SIGNATURE
10 5/1 1045 Umandas Aburren	M. D. or other
(Dato rec'd by registrar) Registrar	Address Date signed may 1, 184.

RECLIVED MAY 3 1945 BUREAU V.S.

PLEASE

VS A15

Nect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 21

CERTIFICATE OF DEATH

1		
1159	10 -	
.00	10246	
Reg. Dist.	No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County City or town Great Joon	State Maryland County Vrence Glorge		
(If outside city or town limits, write RURAL and give nearest town)	Rrentand		
How long in above place of dealh? 3 Hospital, institution, or street address where death occurred;	(If outside city or town limits, write RURAL and give nearest town)		
4408-4131 Shut	Streel No. 4408-415 That (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It relevan, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
	eson		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
tembe White Widowed	20. DATE OF DEATH 20. DATE OF DATE OF DEATH 20. DATE OF DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DATE		
8.(b) Name of husband-or wife William Terry	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
allison 6.(c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) Quy 9, 186 4	and that I last saw halive on		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
80 9 15 min	a cire congestion		
00-01	Can terrini		
9. Birthplace(Town, county, and stote)	Due to.		
10. Usual occupation Housewall			
11. Industry or business own Home	Due 10		
12 Name William Means	Biber condition Qualities		
12. Name William Means 13. Birthplace Canada	PURCE CONTRACTOR SALES		
	(Include pregnoncy within 3 months of death)		
14. Maiden name. Ash. 15. Birthplace Linkuron.	Major findings of operations.		
2 13. Brithplace			
16. Informant	Autopsy results		
Address 440 81-41 St / tret			
(Burial, Cremation, of Temoval, Which?)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory.			
1. 1/- 1 - 1	Where did injury occur?		
Localion	Injured at home, farm, Industry, public place (where?)		
16. Funeral director.	Means of Injury Injured at work?		
Address / fyallsralle and	9 ()		
. May 85 . 45	23. SIGNATURE M. D. or other		
19. / Out 8. 5. 19 4.5. (Date reg of by registrar) Registrar	Address Theshalls Med Bate signed 5-24-45		

MAY 29 1945
BURBAU V.S.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

fi	Ey	31	11	
U	U	AIT	4.7	

CERTIFICATE OF DEATH

CLRTITICAL	Reg. Dint. No.
I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County County (If outside city or town limits, write RURAL and give nearest town) Street No. 3. 4. (If rural, give LOCATION) 2.(a) If veteran, name war 5. 7.9 18 2. 8. 8. 2. 4. 3. (b) Social Security Number
A Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white married 6.(b) Name of husband or wife Altic Slinkmann and Armold	MEDICAL CERTIFICATION 2D. DATE DF DEATH
5. (c) If alive, give age 7. D	and thet I last saw h Aim alive on 5 25 1945 Immediate cause of death DURATION Myseardus failurs 2 with
9. Birthplace Stafford (Town, county, and seate) ingineers 10. Usual occupation Shoe Turiness	Due to Parfio renal- vascular desease 2 yrs
12. Hame John Carro Jane 13. Birthplace le Clour Hilf Bring House Co. Va. 14. Malden name Mary Jane House Jane Jane Jane Jane Jane Jane Jane Jan	Other conditions
Address 34// Vilden Street Brentwood Md. 17. Burial Bate thereof (Month) (ody) (year)	Autopsy results
Cometery or crematory Takish Charack hand Location Think Taining Charach Singinina 18. Funeral director Thinks Some	Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?) (Injured at work?)
Address Syntherice Ind 19. June 19.45 (1998 rec'd by registrar) Registrar	23. SIGNATURE P. V. Lowelin M. D. brother / Address 3/00 - 70 - NE Bate signed 29/45

JUN 4 1945 BURBAU V.S.

PLEASE WRITE

VS A15

The correct age

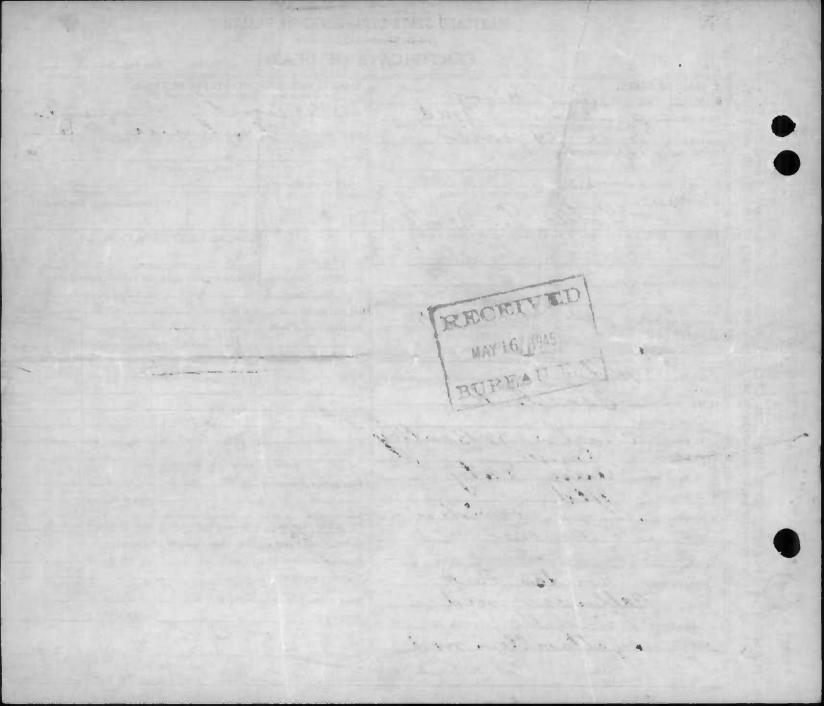
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-12)

endesself	, con	1
Par Dias No. 2		

CEPTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Galling City or town (If Subside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Illustry County Cou
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Lottie L. Bentley	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced for Single	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(b) Name of husband or wite	21. LERRIFY that death occurred on the date above stated; that I attended deceased from
7. 8 irth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h. 40
80 3 21nin.	Thy ocardulis ?
9. Birthplace	Due to
1D. Usual occupation	Due to
11. Industry or business 12. Name	Dther conditions Chr. Wenhintis
13. Birthplace 14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations
16. Interment Lillie Corridor	Actopsy resolts.
Address Lanham and	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Location	Means of Injury Injured at work?
18. Funeral director of Laseks Sous	and of the second
19. May 1 1845 Mrs. Mack Squall Registrar	Address Chevely Md Bate signed 2 - 5 - 4 3



MARGIN RESERVED FOR BINDING

VS A15

Evide	ence	for	char	ige of	
year	of '	birth	is	shown	on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

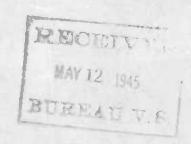
CERTIFICATE OF DEATH

B 45221T

			2000
			2445
Reg.	Dist.	No.	~ / 4

FILM No G 9 4 MAY 17 1945 CERTIFICAT	E OF DEATH Reg. Dist. No. 248
1. PLACE OF DEATH: County Series See County Hyatta City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn/infants give residence of mother) State Market State S
How long in above place of death?	City or town
How long in hospital or institution?	2.(a) If veieran, name war.
3. (a) FULL NAME John Bornschlag	2. (b) Social Security Number
4. Sex 5. Color of face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowar	20. DATE OF DEATH May 12, 1945; at 300. M.
6.(b) Name of husband or wife anna Kolh Bornschly	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	mas 1 - 18 43 10 may 12 18 43
7. Birth date of deceased (mo., day, yr.) 208 22, 4-8-8-1857	and that I last saw h wallve on May !! 19.46
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
87	2 Consisting Tolars I week
9. Birthpiace Germany	Due to.
(Town, county, and state)	Fracture right hisa 3 week
10. Usual occupation	Due to
11. Industry or business	
12. Name Seorge Bornschlagt 13. Birthplace Sermany	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Catherine Streamer 15. Birthplace Cermany	Major fludings of operations.
15. Birthplace Sermany	Date of op.
18. Informaci Search Steart Stome	Autopsy results
Address Syatterille Ind	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Bwish may 15, 1940	22. VIOLENCE: If death was due to external causes, fill in the following: 4 days
(Burial, cremation, or removal. Which) (day) (year)	Accident, suicide, or homicide. Acc. Date of belone death
Cemetery or crematory	Where did injury occur?
Location anne arimble Co Mag	Injured at home, farm, Industry, public place (where?) Sacred Heart Home
18. Funeral director Bernard E. Harle	Means of Injury Injured at work?
Address Baltimore Ind	There to the the
	23. SIGNATURE M. D. or other
19. May 12 19.45 James Devery Registrar	Address 352 Hon. N.E. Date signed 5-12-45

approvad by Sh James & Boyd medical examiner Pro Geo Co. Ind.



PLEASE WRITE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baftimore 93-1

		900	1			
1	5	-	0	O	0	bic.
1		U	2	6	ø	

Reg. Diat. No. 23/

1. PLACE OF BEATH: George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(Renerly	State Md. County Prince George
(If outside city or town limits, write EURAL and give nearest town)	mr Paris
How tong in above place of death? 3 day 3-	(if outside city or town limits, write RURAL and give nearest town)
nospital institution, or street address where beath occurred	Street No. 4908 Kanier Goe MT. Kanier
Prince George General Dospila	(If rural, give LOCATION)
How tong in hospitat or institution? 3 days	2.(a) If veleran, name war
3. (a) FULL NAME George Brown.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
$m \mid \omega \mid$.	20. DATE OF DEATH. May 10 19 45 21 11 PM
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(6) Name of husband or wife	July 1843 to May 10, 1845
	and that I last saw h. IM. alive on May 10 1845.
1. Birth date of deceased (mo., day, yr.) OC 7. 13, 1881	
8. AGE: Years Months Days If less than one day	and the content of th
63 9. 10mlo.	Arterioscierotic reart Visease 243.
9. Birthplace	Due to
10. Useal occupation ElecTricies	Due to
1t. Industry or business	
	Chanic Congestive Heurt
	Failure - Ascites - left he motheray
	(Include pregnancy within 3 months of death)
14. Maiden name Sana Rhodes	Major findings of operations.
14. Maiden name Sank Rhodes 15. Birthplace Ua.	Rajor madings of operations.
	- Sate of op.
18. tatormant Mas. Marganet Kienier	Autopsy results
Address 4114 - 33 nd Bt. MT. Kenier, Md.	
Date thereof They 74 /94 The	22. VIOLENCE: If death was due to externat causes, fill in the following:
(Burlal, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Complex of cramping Fort Lineolic	Where did injury occur?
Bladenshing Rd. & D.C. Line	injured at home and iodustry public place (where?)
Location	San
18. Funeral director Wm. 9. Malley	Means of Injury Injured at work?
Address 3200 - R.J. ane, Wet Rouse, me	23. SIGNATURE
5/13 45 Barendar Alarm	M. D. ozzakor
(Date roc'd by registrar) Registrar	Address Inthe Rause Ph. Date signed 5/11/4

Transmitted State Officials



THE RESEARCH WILLIAM TO SERVICE AND ADDRESS OF THE PARTY OF THE PARTY

VS A15

			0
1		1	8
1	NS.	1	C
1	141	3	+

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-8

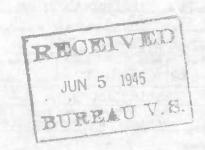
CERTIFICATE OF DEATH

	1.	- 1	112
Reg.	Dist.	No. 2	70

City or town(I How long in above pla Hospital, institution, Glen	e George's County Rural - Glenn Dale, Md. f ontside city or town limits, write RURAL and give nearest to see of death? 4 months or street address where death occurred: n Dale Sanatorium or Institution? 4 months	State D.C. County City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 816- L. St., S.E.
4. Sex	5. Color or race 6.(a)Single, married, widowed, or divorce	MEDICAL CERTIFICATION
male	colored married	20. DATE OF DEATH Way 3, 1945 35 30 P.
7. Birth date of deceased (mo., da)		MAAR 21 1145 MANUS 1045
8. AGE: Yes	62 6 27hrs.	Pulmonay Tulerculoses 4 mo
f0. Usual occupation 11. Industry or busin 12. Name	John Henry Brown St. Mary's Co., Md. Rebecca Palmer St. Mary's Co., Md.	(Include wacomanar within 2 months of death)
f6, interment	decedent	Actorsy results
17. Aer	Sarriges Matthews 14 4/h/ StSW. 43 145 Rowland & Plu	Where did injury occur?

CERTIFICATE OF DEATH

14 10



2411 N. Charles St., Baltimore 454

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Tring Careto	my de l'initial de marie
City or town	State County
How long in above place of death? 6 days.	City or town (If ontside city or town limits, write RURAL and give nearest town)
Hospilal Institution, or street address where death occurred	Street No. 4004 Gallalin
Crince though you waggeles	(If roral, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mis Clias Durleigh	
4. Sex 5. Color/or race 6.(a) Single, married, wild yed, or divorced	MEDICAL CERTIFICATION
Temale White Widow	29. DATE DE DEATH. 21.17A.M
	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or wite	5-7 10 VI- 10 5- 22 10 45
3. Birth date of	and that I last saw here alive on 5 - 21 19 41-
deceased (mo., day, yr.) (lung 12 /886	Immediate cause of death
8. AGE: Years Months Days It less than one day	Carcino at Phonon with 9 1 420
59 8 hrsmin.	
9. Birthplace. Scotland	Due to.
9. Birthplace	,
1D. Usual occupation.	Due to
11. Industry or business	
12. Hame Mr. William Lawrence,	Dther conditions
12. Name Mr. William Lawrence 13. Birthplace Scotland.	
	(Include pregnancy within 3 months of death)
14. Maiden name dense Gordon	Major findings of operations.
to totoman dought mayour Churche	Actopsy results
Address 4004 Gallatinet Styallopelle	PHYSICIAN: Please uoderline the caose to which death should be charged statistically.
B 0 & 21-45	22. VIOLENCE: It dealh was due to external causes, till to the tollowing;
(Burial, cremation, or remayal. Which?) Dale thereot. (month) (day) (wear)	Accident, suicide, or homicide
Cemelery or cremalory Rack Creek Centuly	Where did Injury occur?
I wash. Del	Injured al home, tarm, industry, public place (where?)
Location	Means of lojury Injured at work?
18. Funeral director	
Address Millall Ted	- MANNEY USMONES M. D.
5/23 US (Proper de)	23. SIGNATURE M. D. or other
(Daté rec'd by registrar) Registrar	Address Int. Running and Date signed 5: 22.41

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The active especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE

MAY 24 1945
BUERAU V.B.

VS A15

	-	
1	16	1
1	HU	1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

05231

Reg. Dist. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Junge Sunge	(For newborn infants give residence of mother)
City or town (1f outside city or town limits, write RURAL and give nearest town)	State Muyland, County Montgausty
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
	Street No. 10/Elm ave
Teland Muroral Hayela	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Virginia Bureg	uard lamp 3. (b) Social Security Number
4. Sex 5. Color or race D.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
10 with single-	7. /
At White sange	20, DATE OF DEATH MAY 3 19 43 at 3 M
	21. I CERIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	
	19 43 to 19 43
7. Birth date of Cont. 121	and that I last saw h
deceased (mo., day, yr.)	Immediate capse of death.
8. AGE: Years Months Days If less than one day	do h 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
8 2 20hrsmin.	Land Land San
- 10611	Alexander of Delivery
9. Birthplace(Town, county, 3nd state)	Due to Allanda and Curana 10 ff
10. Usual occupation.	
IV. USUAL OCCUPATION.	Due to
11, Industry or business	
12. Name Hame B Camp	Diher conditions
13. Birthplace Narsolf. Va	
et 13. bittipidee	(Include pregnancy within 3 months of death)
14. Malden name	
15. Birtholace The Self 1/a	Major findings of operations
16. Informant Houge that Records + Mrs. Hammer	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addraga 101 cm lus Rensungton 144	22, VIOLENCE: If death was due to external causes, fill in the following;
17 Removal Date thereof Mail 8, 1945	
(Burial, cremation, or removal. Which?) Date thereof. (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Washington, O.C.	Where did injury occur?
/	
Location	Injured at home, farm, Industry, public place (where?)
Marines Ca	Means of Injury tnjured af work?
18. Funeral director	0.2
Address 9901-14627 7 W	Il Malie mos
5/2/45	23. SIGNATURE
19. 19 umanda a aliney	Between the weight Red Boto closed & 35-45



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 131-2 CERTIFICATE OF DEATH information carefully. The correct of death clearly and legibly. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... Hospital, Institution, or street address where Geath occurred (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION IARGIN RESERVED FOR BINDING of causes every item crite the cause 21. I CERTIFY that death occurred on the dite above stated; that I attended deceased from 6.(b) Name of husband or wife..... .6.(c) If alive, give age write 7. Birth date of deceased (mo., day, yr.) C. Supply please wri If less than one day 8. AGE: 9. Birthplace ... (Town county, and state) UNFADING 10. Usual occupation 11. Industry or business 12. Name...... 13. Birthplace important. (Include pregnancy within 8 months of death) 14. Malden na 15. Birthplace 14. Malden name Major findings of operations..... especially 16. Informant PLAINLY PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (month) (day) (year) Where did Injury occur? PLEASE WRITE (City or town) (County) Injured at home, farm, Industry, public place (where?) injured at work? Means of Injury-Registrar Address. (Date rec'd by registrar)



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2411 N. Char	eles St., Baltimore 115-0
CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
3.(a) FULL NAME Carol Jean Ca	oley 3. (b) Social Security Number
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 19 4/3 - al 4 3 3
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 45, to May 8 and that I last gaw h & alive on 19 45
8. AGE: Years Months Days If less than one daymin.	Immediate canago f death DURATION CHAIN AMENTALISM AND LA MENTALISM Due to 24 Monthstation And La Mentalism Duration And La Mentalism Dur
9. Birthplace (Town, confey, and state) 10. Usual occupation	Due to Christian Sommittee Logal
12. Name Mitchel Washington Casley 13. Birthplace Clarksburg ned	Other conditions
14. Maiden name Ella Mal Masshurg. 15. Birthplace Baltimore, md.	Major findings of operations Supertraphies Asuarls Date of op. 5-9-45
Address	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof. (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director W B Hillon	Injured at home, farm, Industry, public place (where?)
Address Sames villa, Trid	23. SIGNATURE Sans World M. D. or other M. D. or other M. D. or other

MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19-6)

05226

CERTIFICATE OF DEATH

Rev. Dist. No. 243

1. PLACE OF DI	ATH: nce George	S		2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED: mother)	
City or town (rural) Clenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)		State D. C. County				
How long in above place Hospital, institution, o	e of death?	death occurre	15 days ium	City or town Washington (If outside city or town limits Street No. 919 G. St (If rural, give	N. W.	
		U mos	, 15 days	2.(a) It veteran, name war	***************************************	V.
3. (a) FULL NAM	E	700	ank Co	stalis	3. (b) Social Security 578-01-	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	1 days
Male	Filipino		Single	20. DATE OF DEATH JUNEAU 5	10 45	11:45 P. W
6.(b) Name of husband	or wife			21. I CERTIFY that death occurred on the date about	ve stated; that I attended dece	ased trom
***************************************		6.(c) If alive, give ageyears	Julie 20 19.		
7. Birth date of deceased (mo., day,	n) Octobe	er 4, 1	1901	and that I last saw halive on	1	
8. AGE: Year		Days	It less than one day	Immediats cause of death.		
43	7	1	hrsmin.			
9. Birthplace			lipine Islands	Oue to	***************************************	***************************************
10. Usual occupation.	Restuara	int Wor	rker	Oue to	•••••••••••••••••••••••••••••••••••••••	
11. Industry or busines				_	***************************************	
12. Name	Liberto Co Phillipin		ands	Other conditions		
14. Maiden name.		***************************************	9	(Include pregnancy within 8 m		
15. Birthplace	Phillipin	ie TaTa	ands			
	Decedent			Autopsy results		
	1 . 1 . 1 . 1 . 1	Date there	injusti) jday (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	(Connty)	(State)
Address 306	5 1845	From	Machineton ,	23. SIGNATURE Paniel Leo	Pincare M. D.	MD or other

HEATTEN TO THE STATE OF THE STA

MAY 15 1945
BUREAU V. S.

Mr. reported to the second of the second

2411 N. Charles St., Baltimore (B)

CERTIFICATE OF DEATH

ODALI I TOM	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants five residence of mother) State County City or town (If outside city or Loven limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
Now tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME george Alamel	3. (b) Social Security Number
1. Sex 5. Color or the S. (a) Single, married, wildowed, or divorced Market Market States	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of busband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth dafe of deceased (mo., day, yr.) 18 7 5 18 7 5	19
8. AGE: Years Months Days If tess than one day hrsmin.	Immediate cause of death DURATION
9. Birthplace	Due 10 Cardio coscelar Perro e descaro Due 10.
12. Hame. Lukuon 13. Birthplace Lukuon	Other conditions
14. Maiden name United	(Include pregnancy within 3 months of death) Major findings of eperations.
11. 47.01	- Bate of op.
16. Informant	Antopsy results
Address 17 18 (Burfit, creination, or removal. Which?) Bate thereof. Way 17 (monut) (day) (year)	22. VIOLENCE: If death was due to externat causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory 2001 and	Where did injury occur?
Location Laukager	Injured at home, farm, industry, public place (where?)
18. Funeral director M. Flading Sons Address Bowie MA	Means of injury Injured at work? The desert Channel
10 Turay 17 19 45 Was J. W. Gengling Registrary	Address Forestall Man are signed - 1.4-43

WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

PLEASE

RECKEVED

MAY 19 1945

BUREAU V.S.

to May 15 to

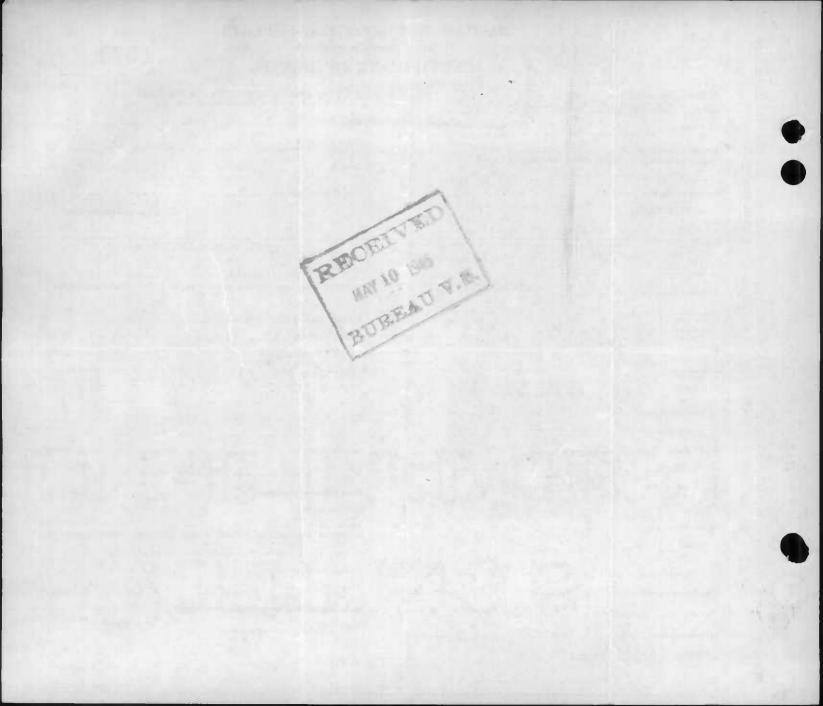
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(15235g 30 Reg. Dist. No.

1. PLACE OF DEATH: Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State
(If outside city or town lifnits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Gunhelt Road, Blancom, ma.	Street No
How long in hospital or Institution?	2.(a) If veleran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
albert Sidney Oavid	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m White Hilawar	MEDICAL CERTIFICATION 2D. DATE DF DEATH. MEDICAL CERTIFICATION 19.45, at 7.8 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	april 3 8 1945, 10 May 9 19 45
7. Birth date of deceased (mo., day, yr.) april 23, 1862	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
83 //hrsmin.	
m	The sea of Material Comments 25 ms
9. Birthpiace Gown, county, and deate)	Due to.
10. Usual occupation Monumental works	
11. Industry or business Exacustones	Due to
	Other conditions
12. Name Dan Dave Counted	
	(Include pregnancy within 8 months of death)
14. Maiden name Shipley 15. Birthplace Montgomeny, County	Major findings of operations.
\$ 15. Birthplace Manlgomeny, County	Date of op
16. Informant Elsie Davis, daughter	Autopsy results.
Address Hashington, O.C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 : 1 ma 1 1005	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremaiory July Will Cernetary	Where did injury occur?
Location Laurel Manyland	Injured at home, farm, Industry, public place (where?)
el A Frenki Care	Means of Injury Injured at work?
18. Funeral director.	2427.12
Address Mashington, M.	23. SIGHATURE MALLIN MA
10 May 48th 1945 John Domitt	Bushale No M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed



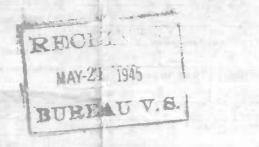
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 182

CERTIFICATE OF DEATH

(5227) Rog. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street Ho. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Frances Ella Lla	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Colored A.(b) Hame of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth dale of deceased (mo., day, yr.) 7 20 / 8, / 9 4 5 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Town, county, and state)	Immediate cause of death DURATION Due to Due to Duration
19. Usual occupation	Due to
16. Informant Local Floris	Major findings of operations
Address 17. Continue of the c	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director	23. SIGNATURE M. D. or other Address Date signed 5 4 4



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

05228

	2113
Reg. Dist.	No. 243

1. PLACE OF DEATH: County Prince George's City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 mo.s., 9 days Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 1 mo.s., 9 days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother) State. D.a. C.a. County City or town. Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 1010 - 11th St. N. W. (If rural, give LOCATION) 2.(a) If veteran, name war.
DEREMER, GEORG	3. (b) Social Security Number 182-10-3286
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Female White Married (separated)	2D. DATE DF DEATH 1945 812 30 A M
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22. I Section 19.5. and that I last saw h
8. AGE: Years Months Days tf less than one day 26 - 17 hrsmin.	Pulmera Comp Tax berarlosing 1810
9. Birthplace	Due to
14. Malden name. Addie Shipe 15. Birthplace Detrick, Virginia	Major fisdings of operations
16. Informant Decedent Address	Antopsy results
17. Removal (Burial, cremation, or removal. Which?) Cemetery or crematory Location Location Location Address Location L	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

RECEIVED JUN 5 1945 BUREAU V.S.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

12.	65236
7	00200
	1

CERTIFICATE OF DEATH

1	
Dist	 245

I. PLACE OF DEATH: See Country	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits write RUPAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Mary Virginia	Lluvall 3. (b) Social Security Number
Lemale white widowal	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 1947, 1869
6.(b) Name of husband or wite July 22, 1863	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S, (c) It alive, give age years deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Mooths Days It less than one day	Immediate cause of death DURATION
82 —hrsmin.	myronni 10 to
9. Birthplace	Due to
(Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Edward B. Llurall 13. Birthplace Ohio	Other conditions
Harden name Sarah a Robinson 14. Maiden name Sarah a Robinson 15. Birthplace ohio	(Include pregnancy within 3 menths of death)
15. Birthplace	Major findings of operations.
16. Informant Edward Shorall	Autoosy results.
Address Edmonston And	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Bata thoras May 16.1945	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
(Burial, cremution, or removal, Whish?) Cemetery or crematory. Can the fill Exactles of the	
Location washington I.C.	Where did injury occur?
18. Funeral director. I Basche some	Means of Injury Injured et work?
Address Styatterelle ma.	Lucy and Days
Jan 14 Janus Severy Registrar	23. SIGNATURE JULIAN M. D. OSCHET J-14-45
(Dale rec'd by registrar) Registrar	Address. Bate signed



VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 243

1. PLACE OF DEATH: County Prince George's City or town (rura) Clenn Dala, Meryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 mo., 6 days Hospital, institution, or street address where death occurred: Clenn Dale Sanatorium How long in hospital or institution? 1 mo., 6 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. D. C. County Washington (If outside city or town limits, write RURAL and give nearest town) Street No. A46 N.s. Street No. Ws. (If rural, give LOCATION) 2.(a) It veteran, name war.
3.(a) FULL NAME CHARLES ELI	3. (b) Social Security Number 578-05-5264
Male Colored Married 6.(a) Single, married, widowed, or divorced Married 6.(b) Name of husband or wife. Libby Ellis	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above trated; that I attended deceased from 20, 18, 45, to May 26, 18, 45
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last sawh
50 10 22hrsmin.	Pulmonary Juliuculosis 3 mo
S. Birthplace Orange, Virginia (Town. county, and state) 10. Usual occupation. Cement Worker 11. Industry or business 12. Name. Horace Ellis 13. Birthplace Orange, Virginia	Due to
14. Maiden name. Mary Walker 15. Birthplace Orange, Virginia	(Include pregnancy within 3 months of death) Major findings of operations
18. Interment Address 17. Removal (Bbrial, cremation, or removal, Which?) Cemetery or crematory Location to Washington, D. C. 18. Funeral director. Werness Jarois Address 1432 you at The	Antopsy results. Full could be a few to the following: PHYSICIAN Blease siderline the counce to which death should be charged statistically. 2. VIOLENCE: Ideath was due to external causes, till in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE A suicide (where?) M. D. or other M. D. or other

CERTIFICATE OF DEATH

THE SHAPE

BUREAU V.S

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05229

CERTIFICATE OF DEATH

243

County Prince George's Chy a team. (TITAT) Claim Dale, Maryland Chy a team. (Totation day or term limits, write MURAL and give nective town) Bee long in stern place of beath? 3. Gay's Children Dale Sanakorium Children Sanakorium C	1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
Broken log in the past of death 3. GAYS. Brought and past of death 3. GAYS. Brought and past of death 3. GAYS. Brought in initiation, or street address where death occurred: Glenn Dale Sanatorium. Brow long in bespetal or institutions. 3 days. 3. (a) FULL NAME EVERET EARL 4. Set A. Solice or rise White Bayting married, protocode White White Barried 6. (a) Brought and or wife Review of descreed White Barried 6. (b) Brown of horband or wife Review of the street of the s	County FT1110	ce George's	D-7-	Mara-Ton J			
Beer hose in sever place of death? GLenn Dale Sanatorium GLenn Dale Sanatorium Beer hose to hospital institution. J. Gays EVERETT EAL 3.(6) FULL NAME EVERETT EAL 3.(6) Social Security Number 217-05-2928 4. See Male White Married 6.(6) Bane of hospital or institution. EVERETT EAL 3.(6) Foliar or race Male White Married 6.(6) Bane of hospital or or wife. Rich talls. Everatt. Earl 8.(6) It alles, give age. 22. John to former or wife. Male White Married 6.(8) Bane of hospital or institution. 8.(6) It alles, give age. 22. John to former or wife. Male Married 7. Birth date of several (on, day, rr.) July 6, 1902 B. AGE: Tear Mashington, D. C. 8. Birthplace Washington, D. C. 11. Indepty or bunners 12. Remen. Edward. Earl 13. Birthplace Washington, D. C. 14. Maiden name. Margaret Young 15. Birthplace Washington, D. C. 15. Birthplace Washington, Or cameral, Whitely Locality Locali	City or town	outside city or town fi	mits, write I	WAL and give nearest town)			
Street Ro. Solid Security Number	How long in above plac	e of death?3	days		City or town Washington (If outside city or town limits,	write RURAL and give near	rest town)
Box log to hospital or institution? 3. (a) FULL NAME EVERET EARL 3. (b) Social Security Number 217-05-2929 4. Sea	Hospital, Institution, o	r street address where	death occurred	l:			
3. (b) Social Security Number 217-05-2929 4. Set 5. Color or race 6. Color of race 15. Color of rac							V
4. Set S. Color or race Male White Single, married, widoved, or divorced Male White Married 2.1.7-65-2929 6. Go) Rame of husband or wife Butth Everett Earl 2.1.1 CERTIFF that death occurred on the date above states: that I attended deceased from 4.4 10 13	Now long to hospital o	or Institution?3	days	***************************************	2.(a) If veteran, come war	***************************************	
4. Set	3. (a) FULL NAM	E				3. (b) Social Security 1	Yumber
6.(6) Rane of husband or wife Ruth Everett Earl 6.(6) Rane of husband or wife Ruth Everett Earl 7. Birth date of deceased (no. day, yr.) 8. AGE: Tears Meaths 8. Birth false of deceased (no. day, yr.) 9. Birth false of deceased (no. day, yr.) 10. Usual occupation. 9. Birth false of deceased (no. day, yr.) 10. Usual occupation. 10. Usual occupation. 11. Industry or business 11. Industry or business 11. Industry or business 11. Significate New Jersey 12. Name. Ediviard. Earl 13. Birthplace New Jersey 14. Maiden name. 15. Margaret Young 16. Informant. 16. Date of Death May 7 19. 47 31 110 P. m. and that I lattened deceased from May 19. 19. 47 31 19. 47		EVE	RET	r EARL		217-05-29	29
Male White Married 6.60 Name of husband or wife Ruth Everatt Earl S. (c) It alive, give age. 25 years deceased (no., day, rr.) First had set of deceased (no., day, rr.) S. AGE: Years Months Days If less than one day 19. S. AGE: Years Months Days If less than one day 19. S. AGE: Washington, D. C. 10. Usual occupation. Carpentar 11. Industry or business 12. Name Edward Earl 13. Birthplace Washington, D. C. 14. Maiden name. Margaret Young 15. Birthplace Washington, D. C. (Include pregnancy within a months of death) Major findings of operations. Distribution of operations. Distr	4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE		
8. AGE: Tears Mooths Days If less than one day 10. Usual occupation. 11. Industry or business 12. Name. Edward Earl 13. Birthplace Washington, D. C. 14. Malden name. Margaret Young 15. Birthplace Washington, D. C. 16. Informant Daggedent. Address 17. Description (Industry or business) 18. First data and or wife. Ruth Exercise the live give age. 25. years and that I last saw h. Margaret within 5 months of death. Due to. Unreduced programmy within 5 months of death.) Major Radiags of operations. Major R	Male	White	1	farmi ed			111.0
7. Birth date of deceased (mo. day, yr.) July 6, 1902 8. AGE: Years Months Days If less than one day 42 10 13 hrs. min. 9. Birthplace Washington, Da C. (Town. consty, and state) 10. Usual occupation. Carpenter. 11. Industry or business 12. Rame. Edward Earl. 13. Birthplace New Jersey 15. Birthplace Washington, D. C. 16. Intermant. Dacedent. Address. 17. Birth date of death May 19 19. The state of the state o					20. DATE OF DEATH.	19.7.	at 1:10 P. M
T. Birth date of decased (mo. day, yr.) July 6, 1902 S. AGE: Years Months Days If less than one day 42 10 13 hrs. min. 9. Birthplace Washington, D. C. (Town. consty, and state) 10. Usual occupation. Carpenter 11. Industry or business 12. Rame. Edward Earl 13. Birthplace New Jersey 14. Maiden name. Margaret Young 15. Birthplace Washington, D. C. 16. Informant. Dacadent. Mddress 17. (Burial, evenation, or removal, Whites) Location Location 18. Funeral director of the formal and the following: Address 5 7 3 2 Jounga and New Analysis of Date (where?) 19. May 19. 19. 45 Resultant of Philippe 23. SIGNATURE. Date of May Decay Industry (May Decay) 19. May 19. 19. 45 Resultant of Philippe 23. SIGNATURE. Date of May Decay Industry (May Decay) 24. May 19. 19. 45 Resultant of Philippe 25. May 19. 19. 45 Resultant of Philippe 26. May 19. 45 Resultant of Philippe 27. SIGNATURE Date (where?) 28. Address 5 7 3 2 Jounga and New Date of May Decay Industry, public place (where?) 29. SIGNATURE Date of May Decay Decay Industry 29. SIGNATURE Date of May Decay Decay Decay May Decay D							
8. AGE: Years Months Bays If less than one day 42 10 13 hrs. min. 9. Birthplace Washington Ds. Cs. (Town, county, and state) 10. Usual occupation. Carpentiar 11. Industry or business 12. Name. Edward Earl 13. Birthplace New Jersey 14. Maiden name. Margaret Young 15. Birthplace Washington, D. C. 16. Informant. Dacadent. Madress 17. Cemetery or cremation, or removal. Whichit) Date thereof. (month) (day) (year) Cemetery or crematory. County (County) (State) Location. 18. Funeral director. The Mandal Address of State of State) 19. Mandal 19. 18. Funeral director. The Mandal Address of State of State) 19. Mandal 19. 18. Funeral director. The Mandal Address of State of State) 19. Mandal 19. 18. The Mandal Address of State of Sta				c) If alive, give age25			
8. AGE: Tears Months Days If less than one day 42 10 13	7. Birth date of	July 6.	1902				197
9. Birthplace. Washington, D. C. (Town, country, and state) 10. Usual occupation. Carpenther 11. Industry or business 12. Name. Edward Earl. 13. Birthplace New Jersey 14. Maiden name. Margaret Young 15. Birthplace Washington, D. C. 16. Informant. Dacedent. Address. 17. Camelon, or comoved, Whiching Date thereof. (month) (day) (year) Cemelory or crematory. 18. Funeral director. Fine the state of				If less than one day	Immediate cause of denth	0 -	DURATION
10. Usual occupation. Carpenter 11. Industry or business 12. Name. Edward Earl. 13. Birthplace New Jersey 14. Maiden name. Margaret Young 15. Birthplace Washington, D. C. 16. Informant. Decedent. Address 17. Campenting 18. Funeral director of crematory. 19. Margaret Washington Authority 19. Margaret Washington Authority 19. Margaret Young 19. Actident, selicide, or homicide. 20. City or town) 21. City or town) 22. VIOLENCE: If death was due to external causes, fill la the following: 22. VIOLENCE: If deat	42	2 10	13		Pulmonary Tulie	rulosis	1 mos
10. Usual occupation. Carpenter 11. Industry or business 12. Name. Edward Earl. 13. Birthplace New Jersey 14. Maiden name. Margaret Young 15. Birthplace Washington, D. C. 16. Informant. Decedent. Address 17. Campenting 18. Funeral director of crematory. 19. Margaret Washington Authority 19. Margaret Washington Authority 19. Margaret Young 19. Actident, selicide, or homicide. 20. City or town) 21. City or town) 22. VIOLENCE: If death was due to external causes, fill la the following: 22. VIOLENCE: If deat	O Birthylana Wi	ashington.	D. C.		Bue de	***************************************	****************************
12. Name Edward Earl 13. Not helplace New Jersey 14. Maiden name Margaret Young 15. Birthplace Washington, D. C. 16. Informant Decedent Address 17. Cometery or crematory Cemetery or crematory Location 18. Funeral director For Address 19. May 19. U.S. Revuland & Philips 19. May 19. 19. U.S. Revuland & Philips 19. May 19. 19. U.S. Revuland & Philips Minimum Conditions Dither conditions (Include pregnancy within 3 months of death) Major findings of operations Material include pregnancy within 3 months of death) Major findings of operations Major findings					Due to	•••••••	*******************
11. Industry or business 12. Name	10. Usual occupation.	Carpent	er		B	***************************************	************************
12. Name Edward Earl 13. Birthplace New Jersey 14. Malden name Margaret Young 15. Birthplace Washington, D. C. 16. Informant Dacedent 17. Burland (month) (day) (year) 18. Funeral director For a grand director of the following and the follow	11. Industry or busines	15			Due to		**********************
14. Malden name Margaret Young (Include pregnancy within 3 months of death)					811 2011		0
14. Malden name Margaret Young (Include pregnancy within 3 months of death)	12. Name					***************************************	010000####000##000# 00000000
Antopsy results. PHYSICIAN: Please woderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Address 5732 Slonger and NW. 23. SIGNATURE Daniel Leo Pinecare M.D. or other			. V		(Include pregnancy within 3 m	onths of death)	
Actors Decedent Address 17.	# 14. Malden name.	Largaret	Loung	7	Major findings of operations		
Antopsy results. PHYSICIAN: Please woderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Address 5732 Slonges and NW. 23. SIGNATURE Daniel Leo Pinecase IMD. My D. or other	15. Birthplace	Washing	ton, I	O. C.			
Address 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. To wash. De late thereof. (month) (day) (year) Location 18. Funeral director. Flat Humanus Funcal Madress 5732 Gloryca and N.M. Address 5732 Gloryca and N.M. 19. May 19. 19. 45 Revelands Phillips 19. May 19. 19. 45 Revelands Phillips 19. May 19. 19. 45 Revelands Phillips Mere did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) 23. SIGNATURE. Daniel Leo Funcane M.D. 24. 19. 45 Revelands Phillips M. D. or other	16 tolormant De	ecedent			Antoney results		
17. Control Date thereof. (Burial, cremation, or removal. Which?) Cemetery or crematory. 5 Ward. De March (day) (year) Location. 18. Funeral director. Floring a Curl NW. Address 5732 Slongea Curl NW. 19. May 19. 19. 45 Ramband Philosps. 19. May 19. 19. 45 Ramband Philosps. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide							tatistically.
Cemetery or crematory. To wark. De	R	0		5-10-45	22. VIOLENCE: If death was due to external caus	es, fill in the following;	
Cemetery or crematory. To wark. De. Location	(Burial, cremation	or removal. Which?)	Date them	(month) (day) (year)	Accident, suicide, or homicide	Date of	00 00********************
18. Funeral director. Flandson Address 5732 Glongea and NW. 18. Nau 19, 18 45 Ramband Philosps 19. Nau 19, 18 45 Ramband Philosps 19. Nau 19, 18 45 Ramband Philosps			sh. j) <u>C</u>	Where did injury occur?(City or town)	(County)	(State)
Address 3732 Slongea and NW. 19. May 19. 19. 45 Rowland & Philips 23. SIGNATURE Daniel Leo Finercare M.D. or other M. D. or other	Location				Injured at home, farm, industry, public place (who	ere?)	
Address 3732 Slongea and NW. 19. May 19. 19. 45 Rowland & Philips 23. SIGNATURE Daniel Leo Finercare M.D. or other M. D. or other	10 5	He Hu	ten	ann Funeal	Coyack of Injury	Injured at work?	
19. May 19 19 45 Rowland Philosophy & D. O. m. of M. D. or other	1 7 9	2	ole Medical Called	A A LAC		1.	
19. May 19 19 45 Rowland Philosophy & D. O. m. of M. D. or other	Address 3/3	1 /Jlon	qua	ung //W.	23 SIGNATURE & anel LEO	Finercare	MX.
(Date rec'd by resistral) Registrar Address V Com Hale 1100 Date signed 1945	10 May	119 1045	Ra	uland & Philoss	40 000	M. D. o	rother
	(Date rec'd by r	gistra!)		Registrar	Address V Con Hale M	Date signed	119/45

JUN 5 1945 BURBAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 953

TU5237

CERTIFICATE OF DEATH

LOUGEY	Geo's Co. lver Hill M	arylan	d &	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother) State Maryland County Pr. Geo's Co.		
				Silver Hill	Maryland	
	or street address where		d:	Street No.	n limits. Strite RURAL and give nee	
New long in hecular	or Institution?	••••	•••••••••••••••••••••••••••••••••••••••		d, give LOCATION)	10.0000
3. (a) FULL NA		•••••••••	**************************************	2.(u) ii vereran, name war		
	Morgan Eve	erett			3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICA	L CERTIFICATION	
Male	White	Man	ried	20. DATE OF DEATH TO SELECT	25 1945	35-45 M
	A = = = = = + 1	6.(c) If alive, give ageyears	21. LERTIFY that death occurred on the d	late above stated; that I attended doce 19.4.5	ased from 25 19 45
	ars Mooths	Days	tfless than one dayhrsmin.	Immediate cause of death		2 his
	Farmer William B.	***************************************		Due to State Of Other Conditions	Skus Selvan	Collian
14. Malden nam	Washington	r		(Include pregnuncy with Major fludings of operations	Address of the Control of the Contro	
2 15. Birthplace	Washington	n, D. (0.	major namaga or operanoan		
10. 10.01000000000000000000000000000000			***************************************	Autopey results.		
Address 537]	L- Auth Road	S. E.	Wash., 20, D. C.	PHYSICIAN: Please underline the cause	to which death should be charged	statistically.
17 Burial, crematic	on, or removal Which?	Date ther	ent may 28-1945	22. VIOLENCE: If death was due to exter Accident, suicide, or bomicide	Date of	
Cemetery or crems	atory Com	ree	anetery	Where did injury occur?(City or t		
Location	ula o	1/2	700	Injured at home, farm, industry, public plants of injury	ace (where?)	•••••
18. Funerat director.	7- Nichols	Avo	F. Washington		mjara at nomi	26
Address	- MICHOTS	AVE. S	. E. washington	23. SIGNATURE	M. D.	10
19 more d hy	25 195/ 57 registrar)	*	Registrar	Address Clashinto	M. D. 1980 Bate slened	10- 25 11



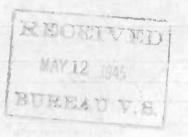
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Ceunty PRINCE GEORGES	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State D.C. County
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? YEAR 2 MO.	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1408 WEBSTER ST. N.W
SACRED HEART HOME	(If rural, give LOCATION)
How leng in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
HANNAH FIT	TZGERALD no
4. Ses 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1.0.4	MEDICAL CERTIFICATION
Jemale White Wichow	20. DATE OF DEATH 2005 M
S (1) Name at husband or wife T40 MAS B.	21. I CERTIFY that death eccurred on the date above stated; that I attended deceased from
6.(4) Name of husband or wife	15 18.43 te May 9 1945
7. Sirth date of deceased (mo., day, yr.) 7/6/64	and that I last saw h. As alive en May 2 17,15 1945
8. AGE: Years Menths Days It less than ene day	Immediato cause of death
0. 102.	Congetice Heart Failure 2 week
7 hrsmin.	aslerioslesota Heart Dear
9. Sirthplace Washing ton No.	Rue to
(Town, equity, and atate)	
10. Usual occupation none	
	Due to
11. Industry or business Patrix murshy	
12. Name Patrick Murphy 13. Sirtholace Oreland	Dther conditions
13. Birthplace Oreland	
5 Catherine Garrite	(Include pregnancy within 8 months of death)
14. Malden name Catherine Garritg 15. Birthplace Preland	Major findings of operations
∑ 15. 8irthplace Seland	Date et op.
Lacred Heart Home Records	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hy atterille md	THE THOU PROPERTY AND ADDRESS OF THE PROPERTY
17 Burel Date thereet 5-11-45	22. VIOLENCE: If death was due to external causes, filt in the following;
17. Bate thereet (month) (day) (year)	Accident, suicide, or hemicide
Cemetery er crematery mt Olivet Cemetery	Where did injury eccur?
washing to the	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Transcia Collins	Means of Injury Injured at work?
20-1-114/ 14/ 200	
Address 3821-14 VA. NOT. NOV.	23 SIGNATURE Thomas Y Talling M.D.
19. May 10, 19.45 James Severy	M. D. or other
(Dete cet'd by registrar) (Registrar	Address 322 HON NE Date signed Many 9/45



ormation carefully. The codeath clearly and legibly.

information carefull of death clearly and

Jo

every it

Supply everease write

Physicians: please

important.

especially



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-6)

1.7	62	63	1	1	
U	23	1	50	13	
	_	1,004	C	2/	

		7/		
		2	43.	
	 	7	7 3	

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County Prince Georges (For newborn infants give residence of mother) Washington How long in above place of death? 23 days (If outside city or town limits, write RURAL and give nearest town) Mospital, Institution, or street address where death occurred: #4 Bellevue Court. N.W. Glenn Dale Sanatorium (If rural, give LOCATION) How long in hospital or institution? 23 days 3. (a) FULL NAME 3. (b) Social Security Number OREST - (lost) 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION male colored single 6.(b) Name of hueband or wife6.(c) If alive, give agevears 7. Birth date of September 2. 1894 deceased (mo., day, yr.) If less than one day 8. AGE: Days 50 ? - Maryland (Town, connty, and state) General work around grocery store 10. Usual occupation. 11. Industry or business George Forest 12. Name..... ?, Maryland 13. 8irthplace (Include pregnancy within 8 months of death) HLOW 14. Malden na 14. Malden name Emma Johnson ? . Maryland decedent 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?) injured at work? Means of Injury

JUN 1 1945
BUREAU V S.

MARGIN RESERVED FOR BINDING

VS A15

1	Evider birth shown	nce	IO	r c	dece	85	oI	is
1	shown	on		01	4000	~~	V (X	-6-
-	FILM N	C	9	5	MAY	7	2 1	94

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

(-	5	2	4	0	1
				-	1	

Reg. Dist. No. 23 /

TIEN AU. CO O MITTE E DE	
1. PLACE OF DEATH: See Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn furants give residence of mether)
City or town	O'BIT
(If ootside city or town linuts, write RURAL and give nearest town)	Bity or town College Park Ma
How long In above place of death?	(If outside city or town limits, write/RU(LAL and five nearest town)
Hospital, institution, or street address where death occurred:	Street No. 4600 Harlwick Ke.
Print they top	(If raral, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
mythe Green.	
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
69 W. Wedow	20. DATE OF DEATH (LOS) 10 19 4 1 1 4 57
	21. I CERILFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	Dec 1 1933, 10 lune 10 1841
7. Birth date of	1 d . 0: Ac:
deceased (mo., day, yr.) July 13 1875	
8. AGE: Years Months Days It less than one day	Immediate cause of death
69 hrsmin.	clear a Coren cer cleur Borg 2 day
arkansa	Que to
9. Birthplace	OUT TU.
to. Usual occupation W.	
	Oue to
t1. Industry or business	
12. Name Walter John	Olher conditions
\$ 13. Birtholace Isle of white England	
14. Maiden name Mary bus Care 15. Birthplace Orkara	(Include pregnancy within 3 months of death)
00.4	Major findings of operations
≥1 15. Birthplace	
16. Informant for Waller Green	Autopsy results
Address 7002. Wake forlet Drue	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Audicas	22. VIOLENCE: If death was due to external causes, till in the tollowing:
17 Ewrial Bate thereof nay 12, 1945	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	
Gemetery or crematory. It Cincoln	Where did injury occur?
Location Colman Manor Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director of Gasche Sons	Means of injury Injured at work?
Address Statterille Md	(MO-t 6:00
	23. SIGNATURE
19. 5/12 145 amanda Vourrey (Dato rec'd by registrar) Registrar	Head 00 Me M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed

NAME OF THE REPORT OF THE PARTY OF THE PARTY

RANCH IN 15 1905 V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B-D

CERTIFICATE OF DEATH

1162

	Reg. Diat. No
1. PLACE OF DEATH: County. Prince Georg's City or town. (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. 3. Mos., 18 days Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 3 mos., 18 days 3. (a) FULL NAME FREDRIC D. HA 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State D. C. County City or town Washington (If ontside city or town limits, write RURAL and give nearest town) Street No. 904 - 1st Street S. W. (If rural, give LOCATION) 2.(a) If veteran, name war.
Male Colored Single	20. DATE OF DEATH May 5, 19 45 at 5 P. N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.5. and that I last saw h. 12.3. alive on 19. 4.5.
8. AGE: Years Months Days If less than one day	Immediate cause of death
3.0 3.3	Pulmonary Lubercalosis 5 Mo.
9. Birthplace Washington, D. C. (Town, county, and state) 10. Usual occupation Messenger (Govt.) 11. Industry or business 12. Name Kirby L. Hall 13. Birthplace Mississippi	Due to
14. Malden name. Vifginia Bennett S 15. Birthplace Mississippi	(Include pregnancy within 8 months of death) Major findings of eperations.
16. Informant. Decedent	Antopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Romaval (Burlal, cremation, or removal, Which?) Cemetery or crematory Location Co. Washington, P. C.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. John T. Phines & Co. Address 961-325t. S. W.	Means of Injury Injured et work? 23. SIGNATURE Daniel Leo Pinisco MD
(Date rec'd by registrar) 19 TO Low Aug 2. 1 Multiple (Date rec'd by registrar) Registrar	Address Slene Hale MA Date signed 5/5/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



THE PARTY OF THE PERSON OF THE PARTY OF THE PARTY OF

should state

stated EXACTLY. PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of ACCUPA-

Ä

STATE OF MARYLAND-CERTIFICATE OF DEATH 05242

1. PLACE OF DEATH	1342
County Lunes George	Registration Dist. No. 245
Village or City Nyadsville	No. 220 + Queen Classific St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	yrs,mosds. How long in U. S. if of foreign birth?yrsmosds
2. FULL NAME William &	eonard Halford
(a) Residence: No. A 2 0 4 June (Usual place of	f abode) St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC	
3. SEX 4. COLOR OR RACE OR DIVORCED Male White Dance Sa. If married, widowed, or divorced	("write the word) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(or) WIFE of Lilian Kline	1 HEREBY CERTIFY. That I attanded deceased from 20, 1942 to way 3, 1942. 1 last saw h./M. alive on april 20, 1945; death is sei
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	I last saw h
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at 11. Total time this recentation (months and	en ger Dato of onset
this occupation (month and	Other Contributory Causes of importance: Other Contributory Causes of importance: Addition Other Contributory Causes of importance: Addition Name of operation Name of operation Name of operation Name of operation
	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Lilian K. Harfor (Address) 2204 Alanua PAR	Accident, suicida, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Place Shoulding Date 5/ 5	Manner of injury
19. UNDERTAKER J. D. Everly (Address) Pley Ending I	24. Was disease or injury In any way related to occupation of deceased?

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	(i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
22711111000111110110	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
19083			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 your

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS

-		

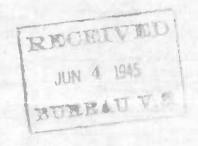
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Ditt. No.
1. PLACE OF DEATH Truise Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside/city or town limits, write RURAL and give nearest town)	State
Hospital, fistitution, or street address where feath occurred:	Sireet No
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME MARY L. HORA	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Yeurale Walte Widow,	MEDICAL CERTIFICATION 2D. DATE DF DEATH. MEDICAL CERTIFICATION 19. 45, at 10 mm
B.(b) Name of husband or wife. Sustain Horning S.(c) If alive, give age years	21. I CERTIFY Wat death occurred on the date above stated: that I attended deceased tryin 15. 18.36, to May 31. 19.43
7. Birth date of deceased (mo., day, yr.) Wee 11, 1859	and that I last Saw halive on
8. AGE: Years Months Days It less than one daymin.	Rest Congelia Forders pelico
9. Birthplace	Due to Pryreadors
11. Industry or business	Due to
12. Name Charles Nartel 13. Birthplace Hermany	Diber conditions activacy architector
14. Maiden name Amelia Rese 15. Birthplace Hermany	(Include pregnancy within 8 months of death) Major findings of operations
16. Interment Source Neart Home Records	Autopsy results.
Address ty attende mel	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year)	22. VIOLENCE: It death was death external causes, till in the following; Accident, suicide, or homicide.
Cemetery or crematory. Location Wusling ton 1.6.	Where did injury occur?
18. Funeral director. Traveis Collins	Means of Injury Injured at work?
Address 3821-14 Dh. St Ju Wash, D.C.	23. SIGNATURES Journey ms
May 3/ 1565 Jams Selly (Date rec'd by registrar) Registrar	Address 5001 - 4 AV Nu Date signed May 3/4.



PLEASE

est age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6/)

CERTIFICATE OF DEATH

(15244 Reg. Dist. No. 231

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
County Oringes George Co.	(For newborn intants give residence of mother)
City or town	State Count
How long in above place of death? & O Munito	(If outside city or town limits, write RURAL and give nearest town)
Hoepital, Institution, or street address where death occurred:	Street No. Queens Chapel Road
Orinel Cleange Ceneral Workston	(If rural, eve LOCATION)
How long in hospital or institution? 20 minutes!	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mrs Suice V. Dager	
4. Sex 5. Color or race 5.(a) Single, married, vidawed, or divorced	MEDICAL CERTIFICATION
Fewel White married	20. DATE OF DEATH. Saturday may 19 19 45 at 12 42 M
6.(b) Name of husband or wife. William Q = Lagur	21. I CERTIFY that death occurred on the date above stated: that I allended deceased from
6.(c) It alive, give age 62. years	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coronar occlusion
5 9	
a Birthalasa marisland	. Carl ones wil en
9. Birthplace(Town, county, and state)	Due to.
	/ en a seo u
10. Usual occupation.	Due to
11. Industry or business	, A
12 Hame Elloworth m. Chesney	Other conditions Alcaheles
7	Uther conditions
≤ 13. 8irthplace Maryland	(Include pregnancy within 3 months of death)
14. Majden name Toulla Zuaedale	
14. Maiden name. The Control of the	Major findings of operations.
El 15. Birthplace	Dais of op
16, Informant son, Clyde Janes.	Autopsy results
Address 730 3 Illnside Drine. Takoma &	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Discourse of 1645	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or repoyal, Which?) Bate thereof (Tyonth) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did lajury occur?
location Berwyn md.	Injured al home, tarm, Industry, public place (where?)
The sale and	Means of injury Injured at work
18. Funeral director	Mossuet ned sal come
Address Syallerille and	
Number of the state of the stat	23. SIGNATURE
19. 5/2/ 19.45 amanda Daurey	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 777

RECEIVED

MAY 22 BS

BUREAU V.S.

MARGIN RESERVED FOR BINDING

Evidence for change of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1395)

LIH	V	0	4

FILM No. G 95 JUN 51	ILM	LM No.	(7	9	5	JULI	5	1945
----------------------	-----	--------	----	---	---	------	---	------

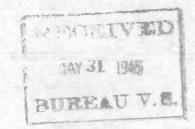
CERTIFICATE OF DEATH

Reg. Diat. No. 23/

1. PLACE OF DEATH: Leonge	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State hoistrict of Columbia county
City or towa (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 3 day	
How long in above place of death? 33 day	(If outside city of town limits, write RURAL and give nearest town)
Kospital, Institution, or street address where death occurred:	Streel No. 6 3 4 1/2 - 1 4 5 5 5 Lase (If rural, give LOCATION)
Prince Beorge General Hookital	(If rural, give LOCATION)
How long In hospital or institution? 3.3 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jones, Mrs. Eleanor	经经营的发票提供的 医精节医疗
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J. W Married	20, DATE OF DEATH May 27 1945 21 121/ M
6.(b) Name of husband or wife. Jo Ne S. Mr.	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
	April 25.18 45 10 May 27 19 45
7. Birth date of	and that I last saw her alive on May 27 1945
deceased (mo., day, yr.) Ja. N. 18, 1908	Immediate cause of death
8. AGE: Years Months Days If less than one day	general peritonitis 1 mo-
37 36 4 9hrsmin.	(postoperative) 2 days
9. Birthplace District of Columbia	Bueto Reptured tubal abscess
18. Usual occupation. H. w.	
	Bue to
11. Industry or business	
12. Name Jones, Mr. Wm.	Blher coodillons Septicemia
	(Include pregnancy within 8 months of death)
14. Maiden name anderson,	Major findings of operations.
15. Sirthplace Md.	Date of op.
16 Informant Jones, Mr. Kenneth	Autopsy results. Same.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 63472 - 14th St. Washington, W.C.	22. VIOLENCE: If death was due to external causes, till in the following:
17 Removal & Wall Date thereof May 27 45 (Burlai, cremation, or removal. Which?) (month) (def) (year)	Accident, suicide, or homicide
Gemetery or crematory Ledan Hill	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director alberty tiske	Means of injury Injured at work?
Address 641-H Set 7-E. Wash we.	W. S. O. J.
xlon III lead I X	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address H Co Hall Bate signed D 2/4

SHOUSE SECTIONS OF A DAY OF A SECOND

BURROWS OF TURNS



A15 VS

I Shown on	EPARTMENT OF HEALTH les St., Baltimore 47 TE OF DEATH 05246 Reg. Dist, No. 231
1. PLACE OF DEATH: County Prince George Chevery Chever	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widdwed, or divorced morned	MEDICAL CERTIFICATION 2D. DATE OF DEATH MAY 9 19 45 21
8.6) Name of husband or wife Rose King 7. Birth date of deceased (mo., day, yr.) 766.24 -A77-1878 8. AGE: Years Months Bays If less than one day 67 61- 2 17 hrs. min. 9. Birthplace Cool wille Othio (Town, county, and state) 10. Usual occupation. C. A. M. Spector 11. Industry or business 12. Name Persecutive Ohio 13. Birthplace Chillscarte, Ohio 14. Maiden name U.S. Annah Macker O.G. 15. Birthplace Lefteling W. Valenti (Burial, cremation, or removal, Which) Cemetery or crematory. Total Service Chillscarte Address Sea Telessant, Md. 16. Informant Date thereof Many (year) Cemetery or crematory. Total Service Chillscarte Address Sea Telessant, Md. 18. Funeral director Sea Telessant, Md. 1945 Address Sel Gay Care N. W. Walch D.C. Address Sel Gay Care N. W. Walch D.C.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.

HEALT TO THE PARTY OF A STATE OF



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

5	/	6.8	6	23	21
Reg	. D	iat.	No.		7

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Prince Score	state District of Glumbia County	
(If outside city or town (imits, write RURAL and give nearest town)		
How long In above place of death? 7 day S	City or town Washing to Wallingto, write RURAL and give nearest town)	
Mospital, Institution, or street address where death occurred: O ruce george Jew. Hospet.	Street No. 317-17th St. N.E. Washington, Sc.	
1 2 41 -	(If rural, give LOCATION)	
How long in hospitat or institution? 3. (a) FULL NAME	2.(a) If veleran, name war	
1,1	3. (b) Social Security Number	
A. Sex 15. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M White W.	20. DATE OF DEATH 19.45 at 6.30 A.M	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	5-1 1945 10 5-4 18.45-	
7. Birth date of deceased (mo., day, yr.) July 30, 1864	and that I last saw h man. ailve on	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION	
80 4rsmin.	Tuberalois Promocia & dogs	
1 - 1		
9. Birthplace (Town, county, and state)	Due to	
10. Usuat occupation Returned	Bus to	
11, industry or business	900 10	
# 12. Name Kress, Frederick	Diber conditions	
12. Name Aress, Frederick 13. Birthptace 9 emany		
= 14. Maiden name Cuser Nathania	(Include pregnancy within 8 months of death)	
14. Maiden name Cuser, Katharine 15. Birthplace I reland	Major findings of operations.	
	Date of op.	
18. Informant Steller Sort, Mr. S. W.	Autopsy results	
Address Sa Hamilton St. N.w. Washingto	22, VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or gemoval, Which) Date thereof Mary (1945) (mapth) (day) (year)	Accident, suicide, or homicide	
17. Neural (Burial, cremation, or removal, Which?) Cemetery or crematory Washington, D. (mapth) (day) (year)	Where did Injury occur? (City or town) (County) (State)	
Cemetery or crematory		
Location C	Injured at home, tarm, industry, public place (where?)	
18. Funeral director Nellean dees Dong	Means of Injury Injured at work?	
Address 360 - 4° st. 71.6/	Linnia - las	
5/8 UC Ana day I made	23. SIGNATURE MAD OF STATE OF	
19. (Dati rao'd by registrar) Registrar	address but Ranner mid Date signed J- F- YJ-	



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Leo es:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Forngewore infants give residence of mother)
County Ville ma	State And County Oro Ceo Co
City or town	
How long in above place of death?	City or town (17 outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 4202 - 70 th et
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Blanche martin	Langmend
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white widowed	20. DATE OF DEATH. May 20, 1945, at 6. P. M.
Harry Lamamed	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or Note.	2004 6 _19 2 10 wy 20 19.2 d
7. Birth date of	and that I last saw here alive on 1945
deceased (mo., day, yr.) Let 15, 1870	
8. AGE: Years Months Days It less than one day	O. Sing Vactori
70hrsmia.	
Olio	Wyocardial
9. Birthplace(Town, county and state)	Due to. Clarki win
10. Usual occupation at Lome	00
11. Industry or business	Due to
12. Name Ceter marin 13. Birthplace OLio	Dither conditions
	(Include pregnancy within 3 months of death)
# 14. Maiden name nat furth function	Major findings of operations
14. Maiden name nur garet Tensfall 15. Birthplage	Date of op.
16. Interment Jeanne B. Kleine	Antonsy results.
04 1 11/12	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Landover Full That	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) . (Burial, cremation, or removal, Which?) . (Month) (day) (year)	Accident, suicide, or homicide
Part III	Where did injury occur?
Cemetery or crematory.	
Location Chematic	Injured at home, tarm, industry, public place (where?)
18. Funeral director of Sasche Sone	Means of Injury Injured at work?
Address Syallarille mg	arosit 4, 50
5/21 0 48 Amanda da danse	23. SIGNATURE. M. D. or other
19. 5/2/ (Date ree'd by registrar) 19.43 Umanda Downey Registrar	Address At a TTDCCO of Date signed 1 01-45



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 1310

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Much Clarify	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long In above place of death?	(If outside city or town limits) write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No. 3 7 21 - 3 5 th Street
3 21 - 35 - 2001	(lf rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Fred Charles J	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
max while married	20. DATE OF DEATH. May 20 19 45 at 3 15 P
6.(b) Name of husband or wife Rachel C Lewis	21. I CERTIFY that death occurred on the dete above stated; that I attended deceased from
7. Birth date of	19, to
deceased (mo., day, yr.) March 15, 189	Immediata cause of death DURATION
8. AGE: Years Months Days It less than one day?	Coronary throubosic
Official	Para de la companya del companya de la companya del companya de la
9. Birthplace	Due to Classification of the Control
10. Usual occupation Irush Review	Sud audest
11. Industry or business	Due to
E 12. Name Aufon	Diher conditions
13. Birthplace www.ce	(Include pregnancy within 3 months of death)
14. Maiden name.	
15. Birthplace	Major findings of operations.
16 Informant Reachel C Leurs	Autonsy rësults
320 300 5 400	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Date thereot	Accident, suicide, or homicide
Cemetery or crematory. Fast Lincoln	Where did injury occur?
Landing Wash - Bolto Blod + D. P. Line med	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
10 Eurapi disala ACMA . Nallas	Means of Injury Injured at work?
To runeral director.	sepuly medical Hanner
Address 3200- K. J. Vave. mt. Kainer mid.	23. SIGNATURE COLOR
19. May 22 19 45 James Severy	Destall W. D. or other



VS A15

1	1	1
1	BA	Λ.
1	cap	X
,	Y	1
1		1
/		

Evidence for change of MA year of birth of deceased is MARYLAND STATE DEPARTMENT OF HEALTH

I	L	DEF	AL	IMENI	UF	DEALID	
	Ch	arles	St.	Baltimor	070		

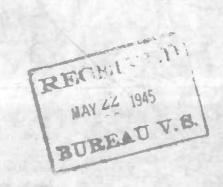
2411	N.	Charles	St	Baltimore
				Description /

2411	N.	Charles	St.,	Baltimore	6
------	----	---------	------	-----------	---

2	5	-
-1	7	1

05250

shown on FILM No G 9 5 HIN 5 1945. CERTIFICATE	TE OF DEATH Reg. Dist. No. 23/
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street eddress where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 10 Beauty Hill (If rural, give LOCATION) 2.(a) if veteran, name war.
3. (a) FULL NAME Mary F. Martin	3. (b) Social Security Number
4. Sex 5. Color or race 6. (d) Single, married, widowed, or divorced wisher 6. (b) Name of husband or wife Lester Martin	MEDICAL CERTIFICATION 20. DATE OF DEATH 1945 at 5.30 FT 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 19
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 0 18	and that I last saw h
9. Birthplace (Town, county, and state) 10. Usual occupation. (Foundation of the state) 11. Industry or business	Due to.
12. Name	Other conditions
2 15. Birthplace 16. Informant Grace Aslacis 55. Address 40:5 Bunker Hill Rd Cottage City not	Antopsy results
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. College Constant (month) (day) (year) Lection Sollie Long Saland neuron	Accident, suicide, or homicide
18. Funeral director WWelhaewlers Ce Address Riverdull ned 19. 5/2/ (Date/ree'd by registrar) Registrar Registrar	Means of Injury Injured at work? 23. SIGNATURE WM. D. or other Address. Tyreslylly by Bate signed. 21-41-



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The convect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (3)

U5251

Rog. Dist. No. 243

1. PLICE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of morner)
County. V.	Share Value of the Open
City or town	
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streel No. / A Just
How long In hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veleran, name war
George mas	3. (b) Social Security Number
5. Color or rice 6.(a) Single parried, widowed, or diverced	MEDICAL CERTIFICATION
moll Colved Widowed	20. DATE DE DEATH 9 19.45 at 7.30 PM
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death work each least
63hrsmln.	Inches
9. 8/thplace nout Caroline	Due A Cardy paseulas
(Town, county, and state)	me de de la constant
1D. Usual occupation	D/e to
11. Industry or business	
12. Name	Dther conditions
2 13. Birthplace	(Include pregnancy within 3 months of death)
E 14. Malden name.	Major findings of operations.
15. Birthplace	Bate of op.
16. Informant Vloyd Jokes	Autopsy results
Address Banka Mad	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Brief Date thereof Made 12 48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide,
Cemetery or cromatory	Where did injury occur? (City or town) (County) (State)
Location Ps Jan 60	Injured at home, farm, Industry, public place (where?)
18. Funeral director Martinia Flaton Saga	Means of Injury Injured at work?
Address Range my	repuly wedge lagure
2	23. SIGNATURE
19 Mary (Date reg of by registrar) 19 40 Miles of We Terfung (Registrar)	Address French Wille Windo signed 5-9-41
1	The state of the s

EMORITO 1915 A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BR

CERTIFICATE OF DEATH

1. PLACE OF DEATH: county Prince George 's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State D.e. C.e. County.		
How long in hospital or institution? 6 mos . , 24 days	2.(a) If veteran, name war		
3.(a) FULL NAME EDWARD J. M	ASTERSON 3. (b) Social Security Number 578-18-0145		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Colored Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION		
B.(b) Name of hueband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 44, 10. 10. 10. 11. 15. 19. 45. 19. 45		
8. AGE: Years Months Days If lese than one day	Immediate cause et death Pulmonary Julienculosis 2 yrs.		
Washington, D. C. (Town, connty, and state) 10. Usual occupation. Laborer 11. Industry or business 12. Name. Julius Masterson 13. Birthplace Washington, D. C.	Due to		
14. Maiden name Rose Davis 15. Birthplace Washington, D. C.	(Incinde pregnancy within 5 months of desth) Major findings of operations Date of op.		
18. Informant Decedent.	Autopsy results		
17. Remarks or removal. Which?) Cemetery or crematory Location to Washington, D. C 19. Funeral director, S. Lagranges There is the control of the contro	22. VIOLENCE: If death was due to external caueee, fill in the following; Accident, suicide, or homicide		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The convect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

PERMIT AND STREET AND STREET

RECEIVADO JUN 5 1945 BUREAU V.S.

PLEASE WRIPE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

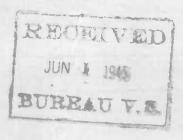
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

2468	-			
Reg. Dist. No.		. 240	D	

\$5253

CERTIFICAT	E OF DEATH Reg. Dist. No. 290
1. PLACE OF DEATH: County Lines Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town	(If outside city or town limits, write RURAL and give nearest town)
Esagland Taldinal and marial Tragailes	Street No. 30 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lemale White Wisamed	MEDICAL CERTIFICATION 2D. DATE DF DEATH MAY 2 9 19.45 2t 5-25 M
6.(b) Name of husband or wife Aladasal Saucy Massacan S.(c) If alive, give age years	21_1 CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) October 17 1859	and that last saw h alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days It less than one dayhrsmln.	Immediate cause of death
9. Birthplace(Town, county, and state)	Due to Sussal arterioscleras 10 year
10. Usual occupation.	Due to
11. Industry or business 12. Name And	- Dither conditions.
14. Maiden name Tarte There and Sted bring	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Haspital Records as	Autopsy results
Address great try daughter 17. The So, 1945. (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory of a Grange Illinois	Where did injury occur?
18. Funeral director. J. Basch's Some	Mesns of Injury Injured at work?
Address Hyattarille, Md.	23. SIGNATURE W. D. D. D. D.
19. May 30 19. 45 James Kevery Registrar	Address B. Werdale, M.A. Date signed 5-30-43



1 PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4741

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Frince Georges	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Prince Georges
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
Prince Georges General Hospital	Sireet No. 6318 Powhatan St
How long in hospital or institution? 3 days	(If rural, give LOCATION)
	2.(a) if veteran, name war
3.(a) FULL NAME Moran, Mr. Leo	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH May 22 1945 at 750 M
8. (b) Name of husband or wite Mrs Elizabeth R. Moran	21. I CERTIEY that death occurred on the date above stated: that I attended deceased from
8. (b) Name of husband or wite Mrs Elizabeth R. Moran	Let. 10 1945 to May 22 19.45
7. Birth date of	
deceased (mo., day, yr.) 2-ebc-9-1888	and that I last saw h AM albe on
8. AGE: Years Months Days If less than one day	Immediate cause of deat DURATION
57 3 /3hrs. min.	
9. Birthplace	Due to any year any of
the state of the s	anda
10. Usual occupation retired	Due to.
1t. Industry or business	
12. Name James Moran	Bither conditions
13. Birthplace Wisconsin	
K 1	(Include pregnancy within 3 months of death)
H 14. Malden name Johanna Lace y	Major findings of operations.
15. Birthplace Wisconsin	Date of op.
har yi I to the	
	Autopsy results
Address 6318 Powhatan St Koverdale, Md	
17 Removal Bate thereof May 23, 1945 (month) (day) (year)	_22, VIOLENCE; if death was due to external causes, fill in the following;
(Barini, comation, or removal, Which?) (mont) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Washington N. C.	Injured at home, farm, Industry, public place (where?)
(1) (1) Chambers Co	Means of injury Injured at work?
18. Funeral director W Walliams	0 01
Address /wendale, my	22 SIGNATION DEMENTING THE STREET
5/23 45 Knowly Doursen	23. SIGNATURE. M. D. or other
(Date rec'd by registrar) Registrar	Addres 3717-37 4 G- Bate signato - 13-41

RECEIVAD MAY 25 1945 BURRAU V.S. 2411 N. Charles St., Baltimore (31-0)

CERTIFICATE OF DEATH

	- (1	525ペア
Reg.	Dist.	No.

	Reg. Dist. No.
1. PLACE OF DEATH: County or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Gerlinde Teronica	2000 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale white married	20. DATE OF DEATH May 15 19.45 21.7:30A
6.(4) Name of husband or wife Edinary	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that Wast saw h. Los alive on May 14 1945
8. AGE: Years Months Bays if less than one day 6. AGE: When the second	Immediate cause of death DURATION 20 Los
9. Birthplace 2 Gash Wall (Toyk, county, und state) 10. Usual occupation All (Toyk)	Due to Hagfurlanting Paralio 10 gr
11. Industry or business)	Due to
12. Name James Casal	
	(Include pregnancy within 3 months of death)
14. Malden name Zhukuriii 15. Birthplace Delland	Major findings of operations.
15. Birthplace	n /o /
Address While Eva Illians Full	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address William Baje thereof 5-17-45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cometery or cromatory	Where did injury occur? (City or town) (County) (State)
LOCATION TO STATE POLICE AND THE STATE OF TH	Means of Injury Injured at work?
18. Funeral director	Y O A A A A A A A A A A A A A A A A A A
m 16 0 8 0 10 10 10	23. SIGHATURE. A. D. or other
(Data read by registrer)	July Tuhen Marlerolla 5-15-4

PLEASE WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn-infants give residence of mother)
County	· h) (
(If outside city or town limits, write RURAL and give werest town)	la l
How long in above place of death	(If outside city or town limits, write RURAL and give meanest town)
Hospital, Institution, or street address where death occurred:	Street No. 11. 2. horal an status
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME VILLOM OSCON	needland 3. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mol white married	20. DATE OF DEATH 19.41.30 PM
8, (b) Name of husband or wife Thereson needhow	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive oo19
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than ooe day	Immediate cause of death DURATION
23 9 27	June sal Ird
3 7 7 7min.	alful Aurus Alle
9. Sirihpiace (Town, county, and state)	Due 10
10. Usual occupation of the state of the sta	<u> </u>
.7/15	Due 16
11. Industry or business	
12. Name	Other cooditions
13. Birthplace	(Include pregnsncy within 3 months of death)
14. Malden name	
S 15. Birtholace	Major findings of operations.
1. (51	Date of op,
16. Informant	Antopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
(Barial, cremetion, or removal, Which?) Oate thereof. 3-/5-45 (month) (day) (year)	Accident, suicide, or homicide
(Bnrial, cremation, or removal. Which?) Cemetery or cremators 400 Churchy 64. 20.	19, 10, 11 12. 12
Cemetery or crematory 4	(City or town) (County) (State)
Location TRANS	Injured at home, farm, Industry, public place (where?)
18. Funeral director & O. Chambers Co.	Means of Wildfur Com Common at works Means of Wildfured At Wildf
Address Riverdale, mid	Mepuly meditation
and the same of th	23. SIGNATORE M. D. or other
19 May 1945 Shand Donath	71100 1100 1100
(Date rea h by registrar) Registrar	Address T. J. C. S. C. M. Date signed D. J. J. J. J. J. J. J. Date signed D. J.



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

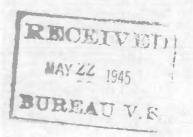
2411 N. Charles St., Baltimore 920

CERTIFICATE OF DEATH

05257

Reg. Dist. No. 231

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County from Henry	For newborn infants give reaidence of mother
City or town will a weight of town limits, write RURAL and give nearest town)	State Med. County funce Flanges
	City or town Willa Neights
How long to above place of death?	(If outside city or town limits, write RURAL and give nearest town)
The state of the s	Street No. 5510 Randslph St.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. 40.1
3. (a) FULL NAME	3. (b) Social Security Number
arthur Leigh Neeley	Hone
4. Sex 5. Color offace G(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	-15
fay why marily	20. DATE OF DEATH WAY 1945 at 5 0 M
6.(b) Name of husband or wife Seanetty M. Meeley	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
January 28-1908 5.(e) It allve, give age 37 years	January 17 1945 to May 19 1949
7. Birth date of	and first last saw h
deceased (mo., day, yr.)	Immediate cause of death . Quit all all all all our DURATION
8. AGE: Years Months Days If less than one day	right and of Heart.
37 3 2/hrsmin.	
& Rithpiace Sall Sake City, Utak	Draw J. C. Hand Onger
8. Birthpiace (Town, county, and state)	Due 1
10. Usual occupation Supply Minar	antigregis x miles
C b - 11 11 11 11	Due to
11. Industry or business O. S. Food Thise Refer	
12. Name Otthur O. ffeeley	Other conditions
13. Birthplace Colorado	
Et 14. Malden name Ethel & Hawley	(Include pregnancy within 3 months of death)
ta, maiden name.	Major findings of operations
15. Birthplace Stah	Date of op.
to Informant Mis Ethel & neeley	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 5510 Gardolph St., Cella things Mot.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buffal, cremation, or removal, Which?) Dale thereof. Many (day) (year)	Accident, suicide, or homicide
Cemelery or crematory. Washington a. C.	Where did injury occur?
Location	Injured at bome, farm, iodustry, public place (where?)
18. Funeral director & A. Marias Co.	Means of injury injured at work?
1 1 2 12 1 11 1 11 1	CH ()
Address 2901 - 14 th St. N. W. Mash., D. C.	23. SIGNATURE DOTON V. Hagelan
10 5/19 10 45 Unienta de dener	M, D, or other
(Dato rec'd by registrar)	1 ddrace 5) 1 - 54 1 - 19. 45



VS A15

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05258 Reg. Dist. No.2 42

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How tong in hospital or institution?	(if rurai, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
Jensel Colored A	MEDICAL CERTIFICATION 20. DATE OF DEATH 1945 21/1:00 F.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of years	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace (Town, eyeby, and state)	Due to Assocher justed clothing
10. Usual occupation	Due to.
11. Industry or business 12. Name Eclevy Payer 13. Birthplace Following, Management of the state of the sta	Other conditions
14. Maldeo name and the second	Major fiudiugs ol operatious
18. Informant Mrs augustine Comple	Autopsy results. PHYS1CIAN: Pleaso underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which2) Date thereof. Mark 2/ 75 (Burial, cremation, or removal. Which2)	22. V10LENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide a page of the following that the following the following the following that the following the following the following that the following the f
Commetery or cromatory W D D D D D D D D D D D D D D D D D D	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director.	Means of important in best Charles at work?
19 May 20 19 (Date 10' d by registrar) 19 43 Prone G. Bonne Registrar	23. SIGNATURE M. Q. orother Address. Forestrill had Bate signed 5-18-45



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If ontside city of town limits, write RURAL and give nearest town)	State Magatine County County
How long in above place of death January	(If outside city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where death offurred:	Street No. 6 80 5- Climand Street
De a feed	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name waç
3. (a) FULL NAME Lloweld Bernar	d Phellips 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while	20. DATE OF DEATH MAY 17 18 45 1:30 PM
MONEY TO THE PARTY OF THE PARTY	21. I CERTIFY that death occurred on the date above stated: That I attended deceased from
6.(6) Name of husband or wife	
7. Birth date of	and that 1 last saw h
deceased (mo., day, yr.) March 31, 1923	Immediate cause of death
8. AGE: Years Months Days It less than one day	Cerebal Compression
22 / hrsmin.	
9. Birthpiace (Town, couper, and state)	Doe to Julia Cranual hamily
10. Usual occupation to the transmission	
11. Industry or business 71 v S - North	Due to.
12. Name and a control the let 13. Birthplace	Other conditions
14. Maiden game Plane well Sunth	(Include pregnancy within 3 months of death)
N 15. Birthplace	Major findings of operations.
16, Interment Papers & Boyres	Antopsy results.
Address	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
5-18-15	22. VIOLENCE: It death was due to external causes, fill lathe tollowing;
(Burlal, eremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 400 Chafin Dhn n	Where did injury occur? (City or town) (Connty) (State)
Location Wash, on Dep	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. W. Chaerbers Co	Means of injury her house the state of at work?
Address Riverdale, mid	Deporty redicat Examin
90 100 = 100	23. SIGNATURE A. D. or other
19. (Date rec'd by registrar) Registrar	

RECEIVELL MAY 21 1945 BUREAU V.F

MARYLAND STATE DEPARTMENT OF HEALTH

3:	E
	9:

	es St., Baltimore 62
	TE OF DEATH Reg. Dist. No. 243
1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If ontside city or town limits, write RURAL and give nearest town) Street No. 2 4 2 3 (If rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number
POMPEI FREDE 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. MAY 29 19.45 12.55 Am
6.(b) Name of husband or wife. Many Orngei 7. Birth date of deceased (mo., day, yr.) June 12, 1914	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JAN 19 19.45 and that I last saw h
8. AGE: Years Months Days It less than one day 30 1/ 1/	PULMONARY TUBERCULOSIS 8413 5 Mc.
8. Birthplace Ohila delphica Oema (Toyn, county, and state)	Due to
10. Usual occupation.	Due to
11. Industry or business 12. Name Force Ornger 13. 8irthplace Otaly 14. Maiden oame Elizabeth Ha core 15. Birthplace Otaly	Other conditions
18. Informant Decolist	Antopsy results
Address 17. Removal (Barial, eremation, or removal. Which?) Cemetery or crematory. Date thereof. May 29, 1945 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Location to Washington, D. C	Injured et home, tarm, industry, public place (where?)
Address 3 00 4 8 8. 19. May 29 19 45 Rowland S. Philip (Date ree'd by yfgistrar) Registrar	23. SIGNATURE Daviel Leo Pinucare MD. Address Selenn Pale Md. Bate signed Signed

VS A15

HTTANI TO THINTSANAU MATE GRADY SAN

CERTIFICATE OF DISKUL

JUN 5 1845 BUPEAU VIS

MARGIN RESERVED FOR BINDING

VS A15

	de
	1.
/ = 5	
100	
137	(2)
188	/hn
1	00
1	् ध

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

Country or April and U5261 Reg. Dist. No. 242

1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	30. 8 1 12. 000.0
(If outside city or town limits, write RURAL and give nearest town)	State County County
	City or town Columbia Day Helly
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where doubt accurred:	street No. 1310 - + Sheet
7310-7 stuer	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
John, motter It	3. (b) Social Security Number
V COO / COO V	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white morried	8 11-720A
0 -1 0 1	2D. DATE DF DEATH 19 4J, 21 Am
S.(b) Mame of husband or wife. Derella Jose	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
F7/	
7. Birth date of	and that I last saw halive on
deceased (ma., day, yr.)	
8. AGE: Years Months Days If less than one day	Immediate cause of death
	gent our low
J 9 3 D hrsmia.	heart tailing
8. Birtholace - Mousland	Due to Cardiofravoilla
(Town, county, and state)	10 and disease
10. Usuat occupation. Celiced	
	Due to
11. Industry or business	
12. Name Deyrive Voace	Other conditions
12. Name Voole 3. Birthplace Would	
	(Include pregnancy within 3 months of death)
14. Malden name Cla L. Orme. 15. Sirthplace Dystletown In anyland.	Major findings of operations.
\$ 15. Birthplace Systletown on anyland.	
a. The Parls	Date of op
16. Informant	Autopsy results.
Address Comodes Gells, Well	PHYSICIAN: Please underline the cause to which death should be charged statistically.
511-1945	22. VIOLENCE: If death was due to external causes, filt in the tollowing;
17	Accident, suicide, or homicide
Chiantin' of Chatin	Where did injury occur?
Cemetery or crematory	Where did injury occur?
Location Churches Tuestland: Ma.	Injured at home, farm, Industry, public place (where?)
7.901.11.	Means of Injury Injured at work?
18. Funeral director.	100ch. I moderal wowne
Address 5/7. //th 11. 1 & Mash Ill	many many many
1.1.1	23. SIGNATURE CLARAGE DE STORME
19.3/10 10.45 Carrie Camppell	M. D. or other
19. 3 (Dáte rec'd by registrar) 19.45 Carrie Campfell Registrar	Address Date signed - 8 45



HEROTE OF THE PARTY OF THE PART

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bio

EDTIFICATE OF DEATH

2.75

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Manufactured County County County County
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Ioslitution, or street address where death occurred:	Street No Van Waggoners
	(If rare gil LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME mary C- Rich	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) angle, married, widowed, or divorced	MEDICAL CERTIFICATION
female white married	20. DATE DF DEATH 1945 at 10:00 R
6.(b) Name of husband or wife Williams (Bonge	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
Relands 6.(c) Vallye, give age years	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Jonths Days It less than one day	Immediate cause of death
47 10 1hrsmin.	least tollar
9. Sirihpiace(Town, clunty, and state)	Due to Oand for acculan
10. Usual occupation. Housaufe	Due to.
11. Industry or business Aun Hone	DUE 10.
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maldeo name abbe brightisel	Major findings of operations
≥ 15. Birthplace	Date of op.
18. Informant Walland	Antopey results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Whole mollions and	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 2007; Calmul	Where did injury occur?
Location Wher Enastoro Ma"	Injured at home, farm, Industry, public place (where?)
18. Funeral director Principal Buther	Means of Injury Injured at work?
Addros Sthee masterso, me "	Nepely marca gome
14 45 PM DA TH.	23. SIGNATURE
(Date ree'd by registrar)	Address Horestolle had Oate signed 5-13-45



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (247)

CERTIFICATE OF DEATH

1526345 Reg. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town.	State manifered County Prince George
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. Joho Parl (if outside city or pown limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death accurred:	1-4-6606
1- John ang	Sireet No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME osefol Poss	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
hall Colved manual	20. DATE OF DEATH. 20. 1941 - 8 30 4 m
6.(6) Name of husband or wife. Helen / Cas	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Lee 6, 1892	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
52hrsmin.	tolelse
9. Birthplace Propulation	Due to Carely - an early
Town, county, and state)	rough descar
10. Usual occupation	Due to
11. Industry or business	
12. Name Pudd Co.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
14. Maiden name	major madings of operations
16. Informant Nelen Casa	Antopsy results
Address Fakowa back, he	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burel Date thereof Leve 1 1945	22. VIOLENCE: If death was dua to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location bookington to	Injured at home, farm, Industry, public place (where?)
18. Funeral director A Language January	Means of Injury Injured at work?
Address 1432 21. St MN. Washington DC	and the same of th
John 1 1045 mos & Kiner	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Do Harly Local Registrar	Address fight Late signed 7045

ELECTION OF STREET

JUN 4 1945 BURBAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County VMM Classes	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	(If outside city on town limits write RURAL and give nearest town)
Nospital, lastitution, or street address where death occurred:	Street No. Vansvill Noad
Vansally Cood	(If rural, give LOCATION)
How long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME John antone P	experte 3. (b) Social Security Number
4. Sex 5 Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mole white morred	20. DATE OF DEATH 20 1945 318:30P
6.(6) Namo of husband or wife Longie Respects	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	
T. Birth date of deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
654 4 14hrsmin	n.
C3 DF	- O. A. Procela
9. Birthplace (Town, county, and state)	Oue to de de de desil
10. Usual occupation & Collegement	
11. Industry or business	Due to
	Black and Mana
12. Name. Luckupe 13. Birihpiaca (Luckupe 14. Birihpia	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. And humans. Stribular to the stribular t	Major findings of operations.
El 15. Birthplace Munico	
16, Informact William J. J. Celly	Autopsy results.
Address Beltsville MA	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof 5 - 23 - 40	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal Which?) (month) (day) (year)	Accident, Suicide, of nomicide
Cemetery or crematory the follows certified	Where did injury occur?
Location Deltwille, mid	Injured at home, farm, industry, public place (where?)
18. Funeral director LOW Chambers 6	Means of Injury Injured at work?
	" Mepuly medicoltyamin
Address Miritable sie	23. SIGHATURE Carrier & Don
18MAY 22 nd 10 45 John D Smith	M(D). or other
(Dabé rec'd by registrar) Registra	ar Address Date signed



v j

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

Reg. Dist. No. 2-32

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infgute give residence of mother)
County Co	Page 1
City or town (If outside city or town limits, write RURAL and give nearest t	own)
How long in above place of death?	(lifoutside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where dead occurred:	Street No. Hells Jandin Road
8200 Priaselya Javo	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Martha Beatrice Coci	lia Sellman 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorce	MEDICAL CERTIFICATION
Hemole Colored Augh	
	20. DATE OF DEATH 20 30 1945 1919135 P
6.(5) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) February 22. 1941.	and that I last saw halive on
8. AGE: Years Months Pays I less than one day	Immediate cause of death
4 3 0	min. Shoet
8. Birthplace appear (Town, county, and state)	Due to tracluse DX both flying forting
	Companied fadelino Appliell
10. Usual occupation.	Due to
11. Industry or business	
# 12. Name saple lelizare lelling	Other conditions
12. Name sapla elleral Allera 13. Birthplage way of	
	(Include pregnancy within 8 months of death)
14. Maiden namer la en el Varonica Bru 15. Birthplace Wanglood	Major findings ol operations
≥ 15. Birthplace	Date of op.
16. Informant Carl Dellinail	Autopsy results
Address Tubbel marelong, h	PHYSICIAN: Please underline the cause to which death should be charged statistically.
But of	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?)	year) Accident, suicide, or homicidelle collect Date of 5-30-45
Cemetery or crematory The Calmul	Where did Injury occur when Marlbors G. & no
Siller Sand Obele South	(City or town) (County) (State)
Location Location	Injured at home farm, industry, public place (where the state of the s
18. Funeral director The Shies Zothers	Means of Inject adestrustrustrustry apprellatores 10
Address When Grandlass In	I defoul medical gramme
6/2001 8/0//-	23. SIGNATURE OLIVER DE LOS
19. Date rec'd hy registrar)	The land M. D. or other
(Date rec'd by registrar)	Registrar Address Tolon Date signed 30-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

THE LOUIS OF THE PARTY OF THE P

RECEIVED 1985

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-0 CERTIFICATE OF DEATH

-61	63	30	1
V	U	QU	1)

Reg. Dist. No. 240

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	State Rolling County Least Jan
City or town (If outside city or town limits, write RUKAL and give nearest town)	
How long in above place of death?	City or town
Hospital, Inetitution, or street address, where death occurredy	Street No
The state of the s	(If rural, give LOCATION)
How tong in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hose Marie umm	28
4. Sex 5. Color or tace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
The Col Emplo	20. DATE OF DEATH MACS 13 Thy at 7 mm
and I will	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(b) Name of husband or wife.	2005 7 1945 to May 13 1045
7. Birth date of S. (c) If alive, give age	and that t tast saw to All alive on All S
deceased (mo., day, yr.) 8 A.G.F. Years Months Days filess than one day	Immediate cause of death DURATION
178 1-1	Consequent and for for
7 / 5 /hrsmin.	Eulerymens of Mark Firsus
9. Birthplace (Town, county, and state)	Due to.
10. Usuat occupation.	Due to
11. Industry or business	
12. Name Over Town Sun Sun Sun Sun Sun Sun Sun Sun Sun Su	Dither conditions
13. Birthplace fresh wood for	(Include pregnancy within 3 months of death)
14. Malden name Horence Solvel	Major findings of operations
15. Birthplace, Westwood My	Dato of op
16. Informact Account Simbus	Autopsy results.
Address Westwood med	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Bull 1 5-15-45	22. VtOLENCE: tf death was due to externat causes, fill in the following;
(Burial, cremation, or removal, Whieh?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory ST Gover	Where did injury occur?
Con user rud	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director.	1 00 Solly and
Address Wallay "	23. SIGNATURE STAN O. Nowers MA
5-15 10 VS4 m. 8 MARRE	M. D. or other
(Data rec'd by registrar)	Addition I The Man was the Bate signed 113 411



VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 194

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County Prince George's (rural) Glenn Dale, Maryland	(For newborn infants give residence of mother)			
City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Da C. County Washington			
How long in above place of death? 11 mos., 6 days	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium	Street No. 443 Delaware Ave. S. W.			
(1100011011111111111111111111111111111	(If rural, give LOCATION)			
How long in hospital or institution? 11 mos., 6 days	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
GEORGE W. SMITH	- 577-16-9028			
4. Sex 5. Color of race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male Colone Married	20. DATE DE DEATH Weey 12 Tee 19 45 11 7 2 M			
8.(6) Name of husband or wife. Bertha H. Smith	21. I CERTIFY that death occurred in the date above slated; that I attended deceased from			
7. Birth date of	June 26 ta 19 44 to May 12 tac 1945.			
deceased (mo., day, yr.) September 7. 1910	and that I last saw h. Lassa alive on May 12, 42 18 45			
8. AGE: Years Months Days If less than one day	Immediate cause of death			
34 8 5min.	William was Weer goelers In 500			
9. Birthplace Johnston, South Carolina	Due to.			
(Town, county, and state)				
10. Usual occupation	Due to			
11. Industry or husiness				
12 Name John Alfred Smith 13 Birthplece Edgefield, South Carolina	Other conditions			
≥ 13. Birthpiece Edgefield, South Carolina	(Include pregnancy within 3 months of death)			
音 14. Maiden name Emma Weaver				
14. Maiden name Emma Weaver 15. Birthplace Edgefield, South Carolina	Major fiudings of operations.			
	Date of op.			
16. informant Decedent	Antopsy results			
Address	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Barial, cremation, or removal, Which?) Bate thereof (Macy 13, 19 45) (Barial, cremation, or removal, Which?)	Accident, suicide, or homicide			
Cemetery or crematory	Where did injury occur?			
Location	Injured at home, farm, industry, public place (where?)			
18. Funeral director 1 auces Cronch	Means of Injury Injured at work?			
Address 1226 yeur St m ord	Displant Displant mo			
19. May 12, 1945 Rowland & Philips (Date red'd befregistrar)	23. SIGNATURE M. D. or other			
(Date rec'd by registrar)	Address Date signed 2 1 2 4 2			

BARYLARD STATE DEPARTMENT OF MALTIN

Marchine Concession Deliver 51, 1

JUN 5 1945
BUREAU V.S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

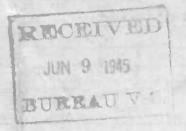
2411 N. Charles St., Baltimore



	2	. 1	9
	-1	4	ali

15268

3. (B) Home of husband or side. William States of the Stat	CERTIFICA	Reg. Diat. No.
3. (a) Social Security Number 3. (b) Social Security Number 4. Special School	County	City or lowed Classification of the country of the
1. Sept Spiger cyreca 6.(a)Single, married, widewed, se diverced 12. Light of the state of deceased (mo., day, ry.) 12. Location 12. Location 13. Birthplace 13. Birthplace 14. Raiden name. Location 13. Birthplace 14. Raiden name. Location 15. Birthplace 15		2.(a) If veteran, name war
## Temple Colored Married 8.(i) Hame of hubband or mice William Smith 1. Eirh date of occasion (no. day, yr.) 8. AGE: Tears Months 9. Birthplace William Smith 10. Usual occupation 11. Industry or business 12. Name William name William Name 13. Birthplace 14. Majden name William Name 15. Birthplace 16. Informant William Name 16. Informant Major Swith (day) (year): Cemetery or cremptory Cemetery or cremptory Cemetery or cremptory Cemetery or cremptory Location Major Swith (day) (year): Cemet	Helen L. Smith	3. (b) Social Security Number
S. AGE: Years Months Days If less than one day Impediate cause of death DURATION Industry or business It less than one day It less th	Female Colored, married 6.(b) Name of husband or wife William Smith 5.(c) If allve, give age 5.8 yee	20. DATE OF DEATH
12. Name	8. AGE: Years Months Days If less than one day 9. Birthplace Town, county, slid starp)	Due te con files
Address 122-60 PR, RE 17. Location Date thereof May 29-1945 Location Location Location Location Location Address Autopsy results PHYSICIAN: Flease underline the cause to which death abould be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Date of Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	12. Name Lendenown 13. Birthplace Md	
Date thereof County Date thereof County	16. Informant Mabel Buttler	Autopsy results.
18. Funeral director Address Means of Injury Means of Injury Injured at work? 23. SIGNATURE 23. SIGNATURE	(Burial, cremation, or removal. Which?) Cemetery or crematory Cemetery or crematory Cemetery or crematory	Accident, suicide, or homicide
1 W 1 CO C C C C C C C C C C C C C C C C C	18. Funeral director	Means of Injury Injured at work? 23. SIGNATURE MEAN MEAN



VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give regidence of mother)	
City or town M. Ramer	State Maryland County Disnoe George	
(If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(tf outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 420.5-28 # St.	
Kow long in hespital or institution?	(If rural, give LOCATION)	
3. (a) FULL NAME		
mollie 8. Soher	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Famale White married	20. DATE DE DEATH / May 20 1945 at 1/20 4- M	
6.(0) Name of husband or wife Henry E - Saker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	ou May 20, 1944 to 18	
7. Birth date of	and that I last saw h. C. alive on May 20.	
deceased (mo., day, yr.) May 1 868 8. AGE: Years months Days If less than one day	Immediate cause of death	
76 11 20hrsmin.	Acute Left Ventricular Failure 2 hrs. 50 mi	
9. Birthplace md.	Due to Cardio rascular Kenal Disease Screenlyces	
9. Birthplace		
10. Usual occupation	Due to	
1t. Industry or business		
12. Hame Lollinson White	Dther conditions.	
	(Include pregnancy within 8 months of death)	
6	Major findings of operations.	
	Date of op	
16. Informant Lingan D. Sohw	Antopsy results	
Address 4205-28-36 St. mb. Ramier md.	PHYSICIAN: Please underline the canse to which death should be charged statistically.	
17. (Burial, cremation, or removal. Which?) Date thereof 17. 4.3 4 1945 (upnth) (day) (year)	22. VfOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cometery or crematory Monocacy Cemators		
8.1.11.10.11	Injured at home, farm, industry,/public place (where?)	
1000000	Means of injury	
18. Funeral director. Company of the		
Address 3200-81. J. ave. mb. Ramer md.	23 SIGNATURE (minute) ma	
19. May 22 19.45 Janus Sevey (Date roll by registrar) (Date roll by registrar)	Address At, Raine M. Date signed 5/21/45	

Coroner, Dr. James Boyd, personally ustoficaby
Coroner, Dr. James Boyd, personally ustoficaby
me 5/20/45 and will approve execution of Cortificate by me.

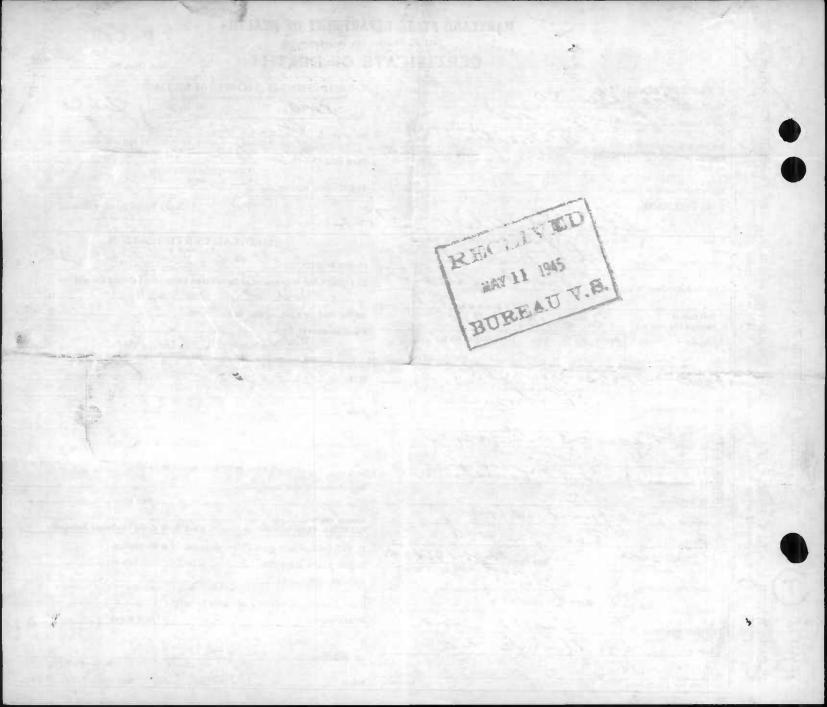


						-
CER'	HEI	CA	liE () F	DE.A	VIII.

(15271) 7 230 Reg. Dist. No.

2411 N. Cha	arles St., Baltimore BD
CERTIFICA	ATE OF DEATH Reg. Dist. No.
County Co	2. USUAL RESIDENCE (HOME) OF DECEASED: The rewborn in ants give residence of mother) State County City or town His outside city or pown limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Shortly alice so	Tone 3. (b) Social Security Number
4. Ser 5. Color or race (6/a) Single, married, widowed, or divorced temale white married	MEDICAL CERTIFICATION 20. DATE DF DEATH MEDICAL CERTIFICATION 1940 1
6.(6) Name of husband or wife. Raymond stone 6.(6) Name of husband or wife. Raymond stone 6.(7) If alive, give are 3.7 years.	21. I CERTIFY that death occurred of the date above stated; that I allended deceased from 19.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
7. Birth date of 1914	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause B death DURAT 7 Mar
9. Birthplace Washington II.C. (Toyn, county, and fate)	Due Io
10. Usual occupation	Due to
11. Industry or business 12. Name Raymond Thompson	Other conditions
13. Birthplaco	(Include pregnancy within 3 months of death)
14. Malden name. W. C.	Major findings of operations.
18. Informaci Raymond stone	Autopsy results
Address, 17 Barrial (Burlal, cremation, or removal, Which?) (Burlal, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sutcide, or homicide
Cemetery or crematory Legisland Ind	Where did injury occur?
Location I Dascho sons	Means of Injury Injured at work?
19. Funeral director	23. SIGNATURE US. alley Giflith
19. Marie Alla 1945 Jan D. Smills (Date rec'dy) registrar) Registrar	Character M. D. Statistics

MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH: George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write AURAL and give nearest town)	State Mary Level County Time 30 orga
How long in above place of death?	(If outside city or fown limits, write RURAL and give nearest town)
Hospital, Institution, or street address whore doath occurred:	Street N6 223 - 500 P1
6223-Joo Pl	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Tho The	mas
4. Sex 5. Color or race 6.(a)Singlo, married, widowod, or divorced	MEDICAL CERTIFICATION
male Cot married	20. DATE DF DEATH 15 PM
B.(b) Name of husband or wife Mary Coous	21. I CERTIFY that doath occurred on the date above stated; that I attended deceased from
B.(c) If alive, give age Q Q years	July 10 19 45
7. Birth dafa of doceased (mo., day, yr.) CR CR 1.5 1883	and that I last saw h
8. AGE: Months Days If loss than one day	Immediate cause of death DURATION
102 2 0hrsmin.	
9. Birtholac Prince Seorges Con M.C.	Buo to be rehad I
(Town, sounty, and state)	Loewonhago -
10. Usual occupation	Due to.
11. Industry or business	
12. Name Seorgy Romas, 13. Birthplaco Pr Seo Co, O No.	Dither conditions Challeto Aclaises
	(Include pregnancy within 3 months of death)
14. Maiden name no lie Thomas 15. Birthplace Ry Leve Col Me 1	Major fiudiugs of operatious.
\$ 15. Birthplace R. Seo. Col STE!	Date of on
16. Informan (No.) Belle Brown	Autopsy results
Address 3 12 - 10 - 70.00. DC	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Birest Date thereof Justy 19 1945	22. VIOLENCE: If doath was due to external causes, fill in the following:
(Buriai, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crametory.	Where did injury occur?
Location France Surge Commol	Injured af home, farm, industry, public place (where?)
18. Funeral director 13, 11man	Moans of injury Injured at work?
Address Cambabolit Ind	710 400000 20
On your all coll	23. SIGNATORIT M. D. or other
19 May 18 1945 Lienl 4.6 owils (Date 196'd by registrar) Registrar	Golface 23 - Levet Pl. Nog Trans constraint 15.





MARYLAND STATE DEPARTMENT OF HEALTH

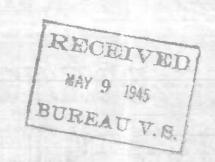
2411 N. Charles St., Baltimore (452)



IIF OM

11		")	7	6
	9	4	6	10

	Reg. Dist. No.
1. PLACE OF DEATER.	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newbory infants give residence of mother)
City or town	State
How long in above place of death? It days	(If outside city or town limits, write RURAL arronging nearest town)
Hospital institution, or sixet address where that courses:	3300 - 40 Th. (Flash
(fro De hospila	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ourginia Shon	pson
4. Sex 5. Color or race 6.40 Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale while married	20. DATE OF DEATH MAY 6, 19 45 7.30 a. M.
Charles Thompson	20. DATE DF DEATH
6,(b) Name of husband or wife	21. I centre that death occurrence the date above states; that I alreaded deceased from
7. Birth date of	and that flast saw h. In all re on May 5 19 45.
deceased (mo., day, yr.) and 13, 1909	Immediate cause of death
8. AGE: Years Months Days If less than one day	Carcurona I have Moute
35 6 6min.	
9. Birtholace	Due to
(Toyn, county, and state)	Due to
10. Usual occupation Selephone CO	Busia
11. Industry or business	Due to
12. Nama Trank wammers	Other conditions Past oppositions
12. Name. Trank wammers 13. Birthplace	Out Tured appended
	(Include preparey within 3 months of death)
14. Malden name. Chiel Carr 15. Birthplace	Major findings of operations Velue Wiscess My Lucy
E 15. Birthplace	appendix live ab see . Date of op March 22, 1945
16. Informant Charles Chompson	Autopsy results Careinoma of him.
Address Colman mand Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof ray 8 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date the feet (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. It Lines the	Where did injury occur?
Location Colmar manor md	Injured at home, farm, Industry, public place (where?)
I Girl ma	Means of Injury Injured at work?
18. Funeral director	1. 4. 11 A.
Address of average and	23 SIGNATURE I do kear m
19 5/8 Umanda Danney	M. D. or other
(Date rec'd by registrar) Registrar	Address / 3 3 - Organis / Bate signed May 6/94
	us cash dis.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-6/

Reg. Dist. No. 242.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Prince George	
City or town Seabrook (If outside city or town limits, write RURAL and give nearest town)	State Maryland county rince George
(If outside city or town limits, write RURAL and give nearest town)	City or town Seabrook (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
GEORGE ANDERSON TINSLEY	719-04-6634
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	
	20. DATE OF DEATH 5/1/45 19 , at 10:115 Am
6.(b) Name of husband or wife Mary D. Tinsley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
20	February 1945, 10 5-1 1945
7. Birth date of	and that I last saw h. 17 alive on 4/30/45
deceased (mo., day, yr.) NOV . 22, 1917	Immediate cause of death Resp - faclus DURATION
8. AGE: Years Montha Daya If less than one day	
27hrsmin.	***
s. Birthplace Virginia	J. herealess k and a
9. Birthplace (Town, county, and atate)	Due to.
Interior Decorator	
TD. Goden Good Paristers	Due to televising Tuberel 19340
f1. industry or buainess Own business	
12 Name Oscar Robert Tinsley	Dther conditions
12. Name Oscar Robert Tinsley 13. Birthplace Virginia	
	(Include pregnancy within 3 months of death)
E 14. Maiden name. Mannie Eva Meeks	Major findings of operations
14. Maiden name Mannie Eva Meeks 15. Sirthplace Virginia	Date of op.
Mrs. Mary D. Tinsley	Antopsy results.
10. Histings)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Seabrook, Md.	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
Burial Burial Date thereof May 4, 1945 (month) (day) (year)	/
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory Holy Trinity Cemeteryy	Where did injury occur?
Collington, Md.	Injured et home, tarm, Industry, public place (where?)
CE 24 0 1 - 11.	Meana of Injury Injured all work?
18. Funeral director. T. Oaschs Dons.	media of moral
Address Hyattsville, Md.	1:00.
m 1 1 1 1	23. SIGNATURE M. D. or other
19. May 3 1945 Mrs Jack Jennes 1945 Registrar	ADJ SOR (MID. C.) IV
19. (Date rec'd by registrar)	Addreas



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934)

1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RUBAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give uearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
Sarah E. Z	ucker
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
14. Malden name 15. Birthplace 16. Informant Calvart O: ward Address 17. Burial Date thereof nay 10-, 1945 (Burial, cremation, or removal. Which?) Cemetery or crematory. Location 18. Funeral director. Address Yalleville Address Yalleville Address Registrar	Major findings of operatioos. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. Signature of operatioos. Date of op. County of the following; Address Month of the following; Address Date of op. Date of op. Date of op. Date of op. Month of the following; Address Month of the following; Month of the following; Address Month of the following; M



MARGIN RESERVED FOR BINDING

VS A15

19. Mari (Date rec'd by registrar)

The correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

Count 415295 and

CERTIFICAT	TE OF DEATH Reg. Dist. No. 2 42
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
agalina Vendemia	
4. Sex 5. Color or ruce b.(a) Single, married, widowed, or divorced female white married	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. 19 45 21 2: 10 4.
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 1 10 119. 4 1 10 119. 4 10 119. 119. 119. 119. 119. 119. 119. 1
8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Town, odunty, and state)	Immediate cause of death DURATION DURATION Sylvania Company Due to Company Duration Sylvania Compa
10. Usual occupation	Due to Deslite mellille 12 years
12. Name Distribulace Prisoner Study	Other conditions Companies within 3 months of death)
14. Maiden name 15. Birthplace 2 Line Line Line Line Line Line Line Line	Major findings of operations
Address 5902 Central Are, Capital Hete has	Antopsy results
17	Accident, suicide, or homicide
Location W Outher Hope OP	(City or town) (Connty) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 5/7 / St St St St	23. SIGNATURE William Brauin
19. May b 19. 45 Carrie Camp Kell Registrar	Address. Cafetre Height Mid Bate signed 1995

RECEIVED

MAY 16 1945

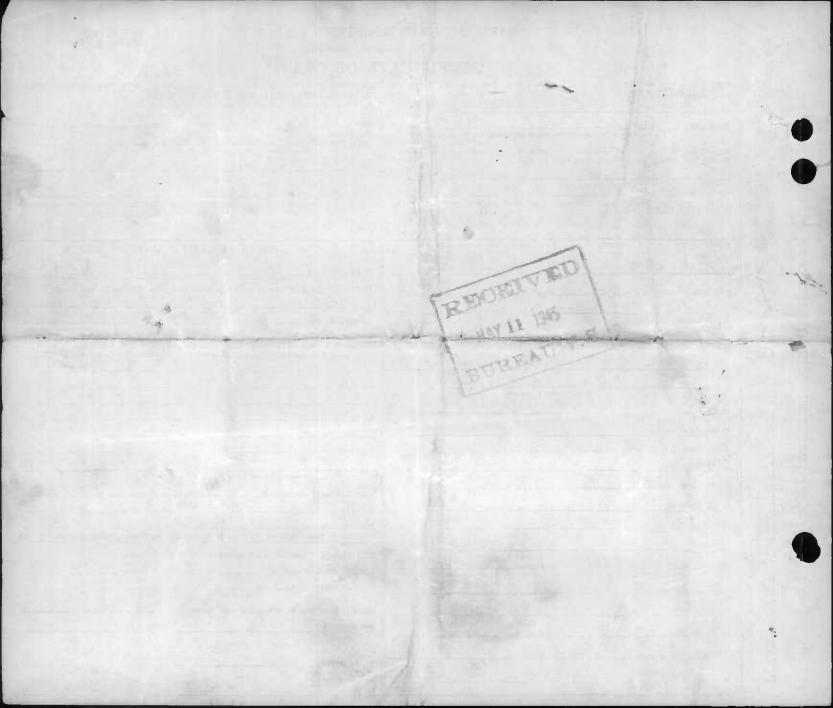
William - U

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

05276	
Reg. Dist. No. 24	45

I. PLACE OF DEATH:	2 HOHAL DECIDENCE (LICAME) OF DECEASED.
County The	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, water RURAL and give nearest town)	State County Substituted States State
How long in above place of death?	(If outside city on town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 5 21 Ca Semanteles avenue
How long In hospital or Institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
Manney Mr Mash	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION /C
male white married	20, DATE OF DEATH MAN 18 25 21 5 M
and of mille year	21. I-CENTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Mary 4 1945 to May 7 1945
7. Dirth date of	til mining
deceased (mo., day, yr.) Duember 24 1879	
8. AGE: Year's Months Days If less than one day	Immediate cause of death BURATION 3 down
65hrsmin.	3 Company
(2)	The last the same of the same
9. Birthplace (Town, county, and state)	Due to :/ Typuculity
1. 4.7. 1 (K-+-1)	
1D. Usual occupation	Due to July as Callotte
11. Industry or business	
12. Hame Dunghand Alexander Wanner	Other conditions
13. Birthplace Tennanterania	
14. Malden name Assamil Strange Const	(Include pregnancy within 3 months of death)
	Major findings of operations.
2 15. Birthplace Gennsylvania	Date of op
16. Informant lette miss. Leave D. Wanner	Autopsy results Children hemanling (last)
Address F. 716 & mind hue Beaute Total	PHYSICIAN: Please underline the cause to which death should be charged statistically.
to the state of th	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof. (pronch) (day) (year)	Accident, suicide, or homicide
Call a of D	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	(City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director & Baseli Sond	Means of injury Injured at work?
Address Ly attacille Md	11. And - 2 x
	23. SIGNATURE M. D. or other
19. May 9. 19 45 Jahrs Devery (Date rec'dor registrar) Bégistrar	Address / werelale med Rate signed May 7, 19 B





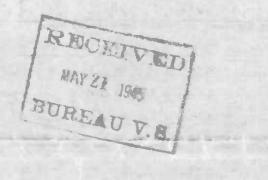
MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore (93:0)

15277

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County FRINCE GEORGE	100
City or town. (If ourside city or townslimits, write RURAL and give nearest town)	State ARULAND County // JANT GOMERY
How long in above place of death? 6 MONTHS	City or town
Mospital, Institution, or street address where death occurred:	Street NO 6 90 6 BRADLEY BLVD.
\$ 801 Queen CHAPEL RD.	(If rural, give LOCATION)
How long In hospital or institution? 6 MINTHS	2.(a) If veteran, name war
3. (a) FULL NAME /	3. (b) Social Security Number
RATHARINE WAS	SERBACH
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
EMALE WHITE WIDOWED	20. DATE DE DEATH. MAY 18 19. 45 21 7 30 M
6.(b) Name of husband or wite TheoDORE WASSERBAC	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) AUG. 28. 1852	Immediate cause of death
8. AGE: Years Months Days I less than one day	Congestive heart failure 30 days
92hrsmin.	
A/BANIA MI	Begin Land and and
9. Birthplace (Town, county, and state)	Oue to
10. Usual occupation. NONE	
11. Industry or business	Oue to
12 Name ARTHUR LOUGHREN	
12. Name 2	Other conditions
El 13. Biringtace	(Include pregnancy within 8 months of death)
E 14. Maiden name 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	Major findings of operations.
15. Birthplace IRELAND	Date of op.
16. Informan SACRED HEART HOME	Autopsy results
- 00	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 01	22. V10LENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Oate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetery MT. OLIVET	Where did injury occur?
Location WASH.	Injured at home, farm, industry, public place (where?)
18. Funeral director sept Saulo sono	Means of Injury Injured at work?
Address 117/56 Pa. Que. Days	360 +T00: 40
	23. SIGNATURE M, D, or other
(Date rec'd by registrar) 19 46 James Seiry Registrar	Address 328 - H O. NE Date signed may 18-46
(Date lee a by legistrat) Registrat	ADDIESS



The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05471

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Durse George City or town (If outside city or town limits, write RURAL NEAR and give town) Street No. 3.710 - Rhole Island Gue it (if rural give LOCATION) 2(a) IF VETERAN, NAME WAR
3. (a) FULL NAME Sarah Theresa Wed	lemeier 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Widowel Widowel	MEDICAL CERTIFICATION 20. DATE OF DEATH MAY 4 1945, 02.45 M
6 (b) Name of husband or wife Lewy Wederneier	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from PCC. 12
Address 3916 - Rhode I sland ave. 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Cave Hill Cemetery Location Sausville Identickey 18. Funeral director Frank Geiers Sons Co Address 3605-14 St n.w. Wash. D.C. May 4 (Datofree'd by registrar) Registrar	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured et work? 23. SIGNATURE Status C. Haggage M. A. Address Mt. Rawwett M. Bate strong 4 1944

RECEIVED MAY 7 1945 BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-8

15278

CERTIFICATE OF DEATH

Dist. No. 243

City as term. (TULBA). Clean Pales, Marriad 1900 search town) Wor loop is above place of death? 1. Yr. a. 11. MOS. a. 3. GAYS Washington City or term. (Washington) Ci	1. PLACE OF DEA	ATH: e George's		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
Rev for la above place of early 12. ACC and the state of	county	· · · · · · · · · · · · · · · · · · ·		
Reophila bettition, or street address where dath occurred: General Dale Sanatorium Circums, give bookations				City or town
Bew long in heapital or institution? 1 yr. s. 11 DOS. s. 9 3 days 2(0) If veteran, name war 2(0) If veteran, name war 3. (6) Social Security Number - (10st) 4. Set	Hospital, Institution, or	street address where d	eath occurred:	
3. (a) Social Security Number - (10st) 1. Solver or race S. Colored Married Sara White Sara White 1. Destributed or wife. S. (a) If alree, give ago. 2. years decovated (man, day, yr.) March 10, 1911 8. AGE: Years Months Days If less than one day 3/4 1 2/4 hrr. min. 9. Biringhace. Susanah Co., Virginia From, county, and watch) Cook 10. Usual occupation. Cook 11. Industry or business 12. Name. James White Other conditions Other co	***************************************	0 * 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
4. Set S. Golor or race S. Golor or race Married Colored Married 8. Gol Name of husband or wife Sara White 8. Gol Hame of husband or wife Sara White 8. Gol Hame of husband or wife Sara White 8. Gol Hame of husband or wife Sara White 8. Gol Hame of husband or wife Sara White 8. Gol Hame of husband or wife Sara White Sara Sara Sara White Sara Sara White Sara Sara Sara Sara Sara Sara Sara Sar	How long to hospital or	Institution?	r., 11 mos., 3 days	2.(a) If veteran, name war
4. Set	3. (a) FULL NAME			3. (b) Social Security Number
Second S		FK	ANK WHILL	- (lost)
8.(6) Name of husband or wife Sara White S.(6) It alree, give age S.(6) It alree, give age S.(6) It alree, give age Address S.(6) It alree, give age S.(7) It alree, give age S.(8) It alree, give age Susanah Coo, Virginia Trown, county, and state) Other conditions Other	4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	
8.(b) Name of husband or wife. Sara White 8.(c) If alive, give age. ? years deceased (mo., day, yr.) March 10, 1911 8. AGE: Years Months Days If less than one day 34 1 24 hrs. min. 9. Birthplace Susanah Co., Virginia (Town, county, and state) 10. Usual occupation. Cook 11. Industry or business 12. Name James White 13. Birthplace Virginia 14. Malden name Virginia 15. Birthplace Virginia 16. Susine Bradly 17. Surin day of the susanah occurred on the date above stated; that I attended deceased from TUNE 18 years and that the saw h. Lailyre on years	Male	Colored	Married	20. DATE DE DEATH MAY 4 19 45 at 8:45P. M
T. Birth date of deceased (mo, day, yr.) March 10, 1911 8. AGE: Yeers Months Days If less than one day 3/4 1 2/4 hrs. min. 9. Birthplace Susanah Co., Virginia (Town, county, and state) 10. Usual occupation. Cook 11. Industry or business 12. Name. James White 13. Birthplace Virginia 14. Maiden name. Sussie Bracity 15. Birthplace Virginia 16. Informant Address 17. Ware and that it ast saw h. M. Laive on MAY 18. M. Due to 1984		Sa	ra White	
7. Birth date of deceased (mo., day, yr.) March 10, 1911 8. AGE: Yeers Months Day If less than one day 34 1 24 hrs. min. 9. Birthplace. Susanah Co., Virginia (Town, county, and state) 10. Usual occupation. Cook 11. Industry or business 12. Name. James White 13. Birthplace Virginia 14. Malden name Susie Bradly 15. Birthplace Virginia 16. Informant Decedent 17. Lever of the conditions Date thereof (month) (day) (vear) Cometery or crematory. Date thereof (month) (day) (vear) Cometery or crematory of county (month) (day) (vear) Cometery or crematory of cremoval. Which) Location Date thereof (month) (day) (vear) Cometery or crematory of cremoval. Which) Location Address 2 2 0 - La aux y. Which Manual Address 2 2 0 - La aux y. Which Manual Address 2 2 0 - La aux y. Which Manual Address 2 2 1 - La aux y. Which Manual Address 2 2 1 - La aux y. Which Manual Address 2 2 1 - La aux y. Which Manual Address 2 2 1 - La aux y. Which Manual Address 2 2 2 0 - La aux y. Which Manual Address 2 2 2 0 - La aux y. Which Manual Address 2 2 2 0 - La aux y. Which Manual Address 2 2 2 0 - La aux y. Which Manual Address 2 2 2 0 - La aux y. Which Manual Address 2 2 2 0 - La aux y. Which Manual Address 2 2 2 0 - La aux y. Which Manual Address 2 2 2 0 - La aux y. Which Manual Address 2 2 2 0 - La aux y. Which Manual Address 2 2 2 0 - La aux y. Which Manual Address 2 2 2 0 - La aux y. Which Manual Address 2 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux y. Which Manual Address 3 2 2 0 - La aux			9	TUNE 1 1043 10 MAY 4 10 45
8. AGE: Yeers Months Days If less than one day 3/4 1 2 // hrs. min. 9. Birthplace Susanah Co., Virginia. (Town, county, and state) 10. Usual occupation Cook 11. Industry or business 12. Name James White 13. Birthplace Virginia 15. Birthplace Virginia 16. Informat Decedent 16. Informat Decedent 17. Address 17. Actions removal. Which?) 18. Informat Decedent 19. Cometery or crematory Location 19. Funeral director Aff. Actions and Proceedings of Injury Injured at work? 19. Funeral director Aff. Actions and Proceedings of Injury Injured at work? 20. Many H. 19. The Rowland S. Plulias 21. Signature S	7. Birth date of			
34 1 24 min. Susanah Co. Virginia (Town, county, and state) 10. Usual occupation. Cook 11. Industry or business 12. Name. James White 13. Birthplace Virginia 14. Malden name. Susie Bradly 15. Birthplace Virginia 16. Informant Decedent Address 17. Cemetery or orematory. Location Cook 18. Funeral director Last Ara Allamana Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, subcide, or homiold. Manual H. Alden name. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, subcide, or homiold. Manual H. Alden name. 23. SIGMATURE Anallamana M. D. or other				Immediato cause of death
9. Birthplace Susanah Co., Virginia (Town, county, and state) 10. Usual occupation. Cook 11. Industry or business Expected to the conditions. Due to. Uinclude pregnancy within 8 months of death) Major fluidings of operations. Decodent Autopsy results. PHYSICIAN: Please underfine the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of . Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at work? Address 23. SIGNATURE. Main Signature of the county of injury injured at work? Main Signature of injury injured at work? 24. Main Signature of injury injured at work? Main Signature of injury injured at work? Main Signature of injury injured at work? Main Do or other	0			Relumnary telesculoses 340 440
(Town, county, and state) (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Include pregnancy within 8 months of death) Major findings of eperationa. (Inclu	7-9			
10. Usual occupation. Cook 11. Industry or business 12. Name	9. BirthplaceSu	sanah Co.,	Virginia	Due to
12. Name				
12. Name. James White Virginia 14. Malden name. Susie Bradly 15. Birthplace Decedent Address 16. Informant Decedent Address 17. Cemetery or crematory. Dead Continuous (month) (day) (year) Location 18. Funeral director Lat. H. Williams Address 22. VIOLENCE: If death was due to external causes, filt in the following: (County) (State) Injured at home, farm, industry, public place (where?) Manual H. Williams Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, filt in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?). Means of injury 18. Funeral director Lat. H. Williams Address 23. SIGNATURE A. Juilland L. D. M. D. or other			••••••••••••••••••••••••••••••••••••	Due to
14. Malden name. Susie Bradly 15. Birthplace Decedent Address 16. Informant Address Date thereof way 5 (1945) Cemetery or crematory. Location Decedent Date thereof way 5 (1945) Location Date thereof way 5 (1945) Location Date thereof way 5 (1945) Accident, suicide, or homicide. Date of op. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Date of which death should be charged statistically. Accident, suicide, or homicide. Date of which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 18. Funeral director Appl Accident suicides (Plublish) Address 23. SIGNATURE Accident suicides (Plublish) Major findings of eperations. (Include pregnancy within 8 months of death) Major findings of eperations. (Include pregnancy within 8 months of death) Major findings of eperations. (Include pregnancy within 8 months of death) Major findings of eperations. (Include pregnancy within 8 months of death) Major findings of eperations. (Include pregnancy within 8 months of death) Major findings of eperations. (Include pregnancy within 8 months of death) Major findings of eperations. (Include pregnancy within 8 months of death) Major findings of eperations. (Include pregnancy within 8 months of death) Major findings of eperations. (Include pregnancy within 8 months of death) Major findings of eperations. (Include pregnancy within 8 months of death) Major findings of eperations. (Include pregnancy within 8 months of death) Major findings of eperations. (Include pregnancy within 8 months of death) Major findings of eperations. (Include pregnancy within 8 months of death) Major findings of eperations. (Include pregnancy within 8 months of death) Major findings of eperations. (Include pregnancy within 16 (19 pp. 19 pp. 19 pp. 19 pp. 19 pp			L _	
14. Maiden name Susie Bradly 14. Maiden name Virginia	별 12. Name			Other conditions
16. Informant Address 17. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, filt in the following; Accident, suicide, or homicide. Cemetery or crematory. Cemetery or crematory. Location 18. Funeral director AHT H. Authority Address 2. 2. 0/- La are by Means of injury 19. Funeral director AHT H. Authority Means of injury 23. SIGNATURE 24. M. D. or other	-d1	Virgin	18	(Include pregnancy within 8 months of death)
16. Informant Address 17. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, filt in the following; Accident, suicide, or homicide. Cemetery or crematory. Cemetery or crematory. Location 18. Funeral director AHT H. Authority Address 2. 2. 0/- La are by Means of injury 19. Funeral director AHT H. Authority Means of injury 23. SIGNATURE 24. M. D. or other	里 14. Malden name	ousle pr	аоту	
Autopsy results. Autopsy results. PHYSICIAN: Please undertine the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Cemetery or crematory. Location. 18. Funeral director Last Hr.: Wallania. Address 2.25/- Sa are W. W. W. Address 2.25/- Sa are W. W. W. 23. SIGNATURE. 23. SIGNATURE. 23. SIGNATURE. 23. SIGNATURE. 24. District the cause to which death should be charged statistically. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 23. SIGNATURE. 23. SIGNATURE. 24. District the cause to which death should be charged statistically. 25. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 25. SIGNATURE. 26. District the cause to which death should be charged statistically. 26. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 27. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (County) (State) Injured at work?	15. Birthplace	Virgin	ia	
Address 17		Decedent		
Date thereof way 5 1945 (Eurial, eremation, or removal. Which?) Cemetery or crematory. Location 18. Funeral director 147.1. Walliams Address 2.20/- La Que. W. W. 20- 19. May 4 4 1945 Rawlynd S. Pluiluis 22. VIOLENCE: If death was due to external causes, filt in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 23. SIGNATURE 23. SIGNATURE M. D. or other		***************************************	•••••	
Cemetery or crematory. Location 18. Funeral director Last L. Welliams Address 2.20/- La are W.W. 19. May 4 4 1945 Rowland S. Pluilus 19. May 5 Rowland S. Pluilus 19. May 6 19 19 19 19 19 19 19 19 19 19 19 19 19	Address	0	74.2. 6 1046	22. VIOLENCE: If death was due to external causes, filt in the following:
Cemetery or crematory. Location 18. Funeral director Last Hr., Williams Address 2.20/- La are W.W. 19. May 4 4 1945 Rowland S. Pluilius 19. May 4 4 1945 Rowland S. Pluilius 19. May 5 Rowland S. Pluilius 19. May 6 1945 Rowland S. Pluilius 19. May 7 1945 Rowland S. Pluilius 19. May 8 1945 Rowland S. Pluilius	17(Burial, cremation,	or removal. Which?)	Date thereof (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director Tast 7. Williams Address 2.20/- Sa are W.W. 19. May 4 19.45 Rowland S. Pluilins		ar '	Vasture tou.	Where did injury occur?
18. Funeral director Tast 4. Williams Address 2.20/- La are W.W. 19. May 4 19.45 Rowland S. Philips 23. SIGNATURE David Leo Pincare M.D. or other)		
Address 2.20/- La are W.W. 20. 18. Funeral director Man Address 2.20/- La are W.W. 20. 19. Man 4 4 19.45 Rowland S. Philips 23. SIGNATURE Daniel Leo Pinicane M.D. or other		. 11 -1 1	90.	
10 May 4 14 To Rowleyed S. Phillips 23. SIGNATURE TO M.D. or other	18. Funeral director	ALL W.	unsmo)	
10 May 4 145 Kouleyed S. Sules BR D. C. M. D. or other	Address 22	0/- Ma	are w.w.	on CLONETURE A Spring LOD of This case MS
	19. Mary 1	4 19 45	Rowland S. Philips	23. SIGNATURE M. D. or other Address Date Signed 5/4/45

MARKET NO TRANSPORT OF HUMAN

Market Comments and Artist

JUN 5 1995.
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-01

CERTIFICATE OF DEATH

05279 Reg. Dist. No. 2 4 2

1. PLASE OF DEATH: George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Dellow Park	State Manylan County Mus Progra
(If outside city of own limits, write RURAL and give nearest town) How long in above place of death?	(If outside city or town limiter white BURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 5-215- 7 Aller
5215 - W Secur	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME Loke Ella Wille	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
found While Dhronced	20. DATE OF DEATH 200 / 6 1941 121 4:30 PM
6.(6) Name of hisband or Wife Samuel William	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) It alive, give age	19 19
7. Birth date of deceased (mo., day, yr.) Leve 26, 190 m	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
42 10 20hrsmin.	he out failur
9. Sirihplaca Virginia	Que to Cerello yosulus
9. 6irthplace (Town, jounty, and state)	Neuel disease
10. Usuat occupation.	Due to
11. Industry or business deven Mores	
12. Name Valla Val	Other conditions
14. Malden name Feld Vaught 15. Birthplace Varyunia	(Include pregnancy within 3 months of death) Major findings of operations
2 15. Birthplace Virginia,	
18. Informant Roy a Relless 2004 49 hot, Berd Neglits	Autopsy results
B 0	22. VIOLENCE: 11 death was due to external causes, filt in the tollowing:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Barislansbure 1. Va.	Where did injury occur?
Location	Injured at home, tarm, industry, public place (where?)
16. Funeral director, martin W. Hysono 60:	Means of injury - injured at work?
Address 1300 - N 80 · N · W · (Wash . 5 . D · B	Nevoury means your
5-17 45 The D'Allish	23. SIGNATURE M.D. for other
(Date rec'd by registrar) Registrar	Address Tulsluly My Date signed - 1749

RECIDITY AUG 21 1145